

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005773

Entity Name

THE BUSINESS NETWORK CLUB, INC.

**FILED**  
**Apr 16, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90076 043 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
STIRLING RD FT. LAUDERDALE FL 33312		2699 STIRLING RD C-307 FT. LAUDERDALE FL 33312-6564 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLEIER, HENRY 2699 STIRLING RD C-307 SUITE 150 FT. LAUDERDALE FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



DO NOT WRITE IN THIS SPACE

3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	D
NAME	ALU, ANTHONY	NAME	Streimer, Samuel
STREET ADDRESS	2500 WESTON RD STE 200	STREET ADDRESS	2500 Hollywood Blvd., Suite 206
CITY-ST-ZIP	WESTON FL 33331	CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D	TITLE	D
NAME	DRAITH, RICHARD	NAME	Rasbach, Scott
STREET ADDRESS	% 700 SE THIRD AVE SUITE 300	STREET ADDRESS	3601 W. Commercial Blvd., Suite 12
CITY-ST-ZIP	FT LAUDERDALE FL 33318	CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	TITLE	
NAME	BLEIER, HENRY	NAME	
STREET ADDRESS	2699 STIRLING RD C-307	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Bleier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Bleier 1/3/2000 (954) 963-1444

Date

Daytime Phone #

CR2E037 (9/99)