

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006724

1. Entity Name

BOCARATONBUZZ.COM, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

03-08-2000 90029 022 ****61.25

Principal Place of Business

1440 S.W. 20TH STREET
BOCA RATON FL 33486

Mailing Address

1440 S.W. 20TH STREET
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2005319

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, SALLY
1440 S.W. 20TH STREET
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The at 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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
STEWART, SALLY
1440 SW 20 ST
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ROSS, ROBERT
241 S COUNTRY CLUB RD
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
STEWART, DONALD T
1440 SW 20 ST
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)