

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004033

1. Entity Name

THE RANDOMIST, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 043 ****61.25

Principal Place of Business

1406 WILEY STREET
HOLLYWOOD FL 33020

Mailing Address

1406 WILEY STREET
HOLLYWOOD FL 33020-6521

2. Principal Place of Business

2015 MADISON ST

Suite, Apt. #, etc.

SUITE 101

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Address

2015 MADISON ST.

Suite, Apt. #, etc.

SUITE 101

City & State

Hollywood FL

Zip

33020

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0946157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEISERT, RICHARD J ESQ
10800 BISCAYNE BLVD., SUITE 560
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEAMAN, GLENN E	
STREET ADDRESS	1406 WILEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLIMIS, MELANIE	
STREET ADDRESS	735 14TH PLACE SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAXWELL, LORRAINE	
STREET ADDRESS	2015 MADISON STREET SUITE 101	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHEATLEY, DAVID	
STREET ADDRESS	2032 1/2 HOLLYWOOD BLVD., SUITE 9	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN KUENDEL	
STREET ADDRESS	3777 NW 78 AVE #154	
CITY-ST-ZIP	Hollywood FL 33024	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFF RAWNSLEY	
STREET ADDRESS	1720 HARRISON St. Hollywood FL 33020	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Brian Kuendel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN KUENDEL, SECRETARY 4/11/00 (954) 431-4733
Date Daytime Phone #

CR2E037 (9/99)