

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043109

1. Entity Name

FIRST STRIKE FULFILLMENT, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90036 017 ***150.00

0151707

Principal Place of Business

701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

1311 SW 1 Way

3. Mailing Address

1311 SW 1 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-1031127

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

U.S.A.

33441

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVE.

SUITE 3000

MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FROMSTEIN, BERNARD
c/o Datacom Marketing
2200 YOUNG STREET, STE. 500
TORONTO, ONTARIO
Canada M4S 2C6 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BURROWS, ALLAN
c/o Datacom Marketing
2200 YOUNG STREET, STE. 500
TORONTO, ONTARIO
Canada M4S 2C6 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Fromstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/01 416-488-8181
Date Daytime Phone #

CR2E034 (10/00)