

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90120 028 ***150.00

DOCUMENT # P00000066586
1. Entity Name
 BUSINESS DEVELOPERS, INC

Principal Place of Business **Mailing Address**
 5400 NW 21ST TERR SAME
 FORT LAUDERDALE, FL 33309

2. Principal Place of Business **3. Mailing Address**
 5400 NW 21ST TERR
 Suite, Apt. #, etc.

City & State **City & State**
 FORT LAUDERDALE FL
Zip **Country** **Zip** **Country**
 33309 USA

4. FEI Number **Applied For**
 65-1023799 ☐ ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GOODSTEIN, MARK B
 2700 N. MILITARY TRAIL
 SUITE 2200
 BOCA RATON, FL 33431

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

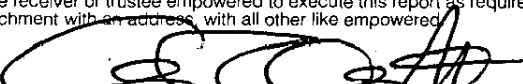
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR <input type="checkbox"/> Delete	NAME SARRO, MATTHEW
STREET ADDRESS 5400 NW 21ST TERRACE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33309	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME GOLDSTEIN, MARK B
STREET ADDRESS 5400 NW 21ST TERRACE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33309	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME CABNETTA ANDREW
STREET ADDRESS 5400 NW 21ST TERRACE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33309	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	← ADDRESS CHANGE
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	← ADDRESS CHANGE
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIRECTOR CAGNETTA ANDREW
STREET ADDRESS	5400 NW 21ST TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
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	

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:



4/20/2001

954-72-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)