

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080673

1. Entity Name

INTERNET VENTURES OF CORAL SPRINGS FLORIDA, INC.

Principal Place of Business

1287 N. UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS FL 33071

Mailing Address

1287 N. UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS FL 33071

2. 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

JOSEPH, FRED
1287 N. UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS FL 33071

4. FEI Number

65-1038059

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
JOSEPH, FRED
1287 N. UNIVERSITY DRIVE, SUITE 100
CORAL SPRINGS FL 33071



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
GUARIGLIA, LISA M
9934 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



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CITY - ST - ZIP



TITLE
NAME
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CITY - ST - ZIP



TITLE
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:

Lisa M Guariglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

954-340-7172

Daytime Phone #

CR2E034 (10/00)

0137814

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

04-26-2001 90012 004 ***150.00

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DO NOT WRITE IN THIS SPACE