

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90010 038 ***158.75

DOCUMENT # P00000081680

1. Entity Name

BIZZ INTERNET 2000, INC

Principal Place of Business

Mailing Address

1101 BRICKELL AVE., SUITE #801
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 721

City & State

City & State

Coral Gables, FL.

Zip

Country

Zip

Country

33134

US

4. FEI Number

65-1039625

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0032663

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOMER, PETER W ESQ.
 BANK OF AMERICA TOWER, 34th FLOOR
 100 S.E. 2nd STREET
 MIAMI FL 33131

Name

ALBERT P. VEGA CPA, P.A.

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

2121 Ponce de Leon Blvd.

Suite #721

City

Coral Gables

FL

Zip Code
 33134

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)

3/4/01

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 D
 NAME GETREIDE, PATRICK ☐ Delete
 STREET ADDRESS 1101 BRICKELL AVENUE, ST#801
 CITY-ST-ZIP MIAMI FL 33131

TITLE D/P
 NAME GETREIDE, PATRICK ☒ Change ☐ Addition
 STREET ADDRESS 2121 Ponce de Leon Blvd. St# 721
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01

Date

Daytime Phone #

CR2E034 (11/00)