

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90215 050 ***150.00

DOCUMENT # P01000047997

1. Entity Name
PARI PAYMENTS, INC

Principal Place of Business
11070 MINNEAPOLIS DR
COOPER CITY FL 33026

Mailing Address
11070 MINNEAPOLIS DR
COOPER CITY FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 109226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSS, GREG
400 SE 8TH ST
FORT LAUDERDALE FL 33316

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]

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, 2002 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 PS ☐ Delete
NAME SALZMAN, RICHARD
STREET ADDRESS 3430 BRUSSELS AVE
CITY-ST-ZIP COOPER CITY FL 33026

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

TITLE VT ☐ Delete
NAME LIPSCHITZ, PAM
STREET ADDRESS 11071 MINNEAPOLIS DR
CITY-ST-ZIP COOPER CITY FL 33026

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(j), 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

[Signature] PAM LIPSCHITZ

Date

Daytime Phone #

1/28/02 954 476-6185

CR2E034 (9/01)

Attachment Ser.# D0100004757
FREUND, FISHER, GOLDSTON & CO., P.A.
10729 SW 104TH STREET
MIAMI, FLORIDA 33176

820951

January 17, 2002

Miami

Pari Payments, Inc.
~~12555 Orange Drive, Suite 224~~
Davie, Florida 33330

RE: 2002 UNIFORM BUSINESS REPORT (UBR)

Enclosed is the original and one copy of the above return. Please sign and date where indicated on the bottom of the form. Make your check payable to **"Department of State"** in the amount of **\$150.00** and mail in envelope provided **IMMEDIATELY** to:

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

PLEASE NOTE: THE AMOUNT DUE AFTER MAY 1, 2002 IS \$550.00.

Failure to file this return will result in your corporation being dissolved and an additional reinstatement fee. If you have any questions, please do not hesitate to call.