

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 027 ***150.00

DOCUMENT # PD1000122185
1. Entity Name
BEYOND3000, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14055 LANGLEY PLACE
Suite, Apt. #, etc.

3. Mailing Address
14055 LANGLEY PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
69-0008400

Applied For
 Not Applicable

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

Zip
33325 Country
USA

Zip
33325 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GORDON OSBORNE

Street Address (P.O. Box Number is Not Acceptable)
1

14055 LANGLEY PLACE

City
DAVIE **FL** Zip Code
33325

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>GORDON OSBORNE</u> <u>14055 LANGLEY PLACE</u> <u>DAVIE FL 33325</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gordon OSBORNE Apr 30, 2002 305-348-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)