

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055539

1. Entity Name

DISPUTE RESOLUTION, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 004 ***150.00

Principal Place of Business

Mailing Address

2200 NE 33RD AVE
SUITE 8G
33305 LAUDERDALE FL 33305
US

2200 NE 33RD AVE
SUITE 8G
FORT LAUDERDALE FL 33305-1865
US

2. Principal Place of Business

3. Mailing Address

2200 NE 33RD AVE.

Suite, Apt. #, etc.

Suite 8G

Fort Lauderdale, FL

Zip
33305-1865

Country
US

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0443034

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY S ITKIN
2200 NE 33 AVE-SUITE 8G
FORT LAUDERDALE FL 33305

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
ITKIN, PERRY S.
2200 NE 33 AVE-SUITE 8G
FT.LAUDERDALE FL 33305

☐ Delete

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

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☐ Change ☐ Addition

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 appointed 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 express, written or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Perry S. Itkin, President 1.7.2000/954.524.8546

CR2E034 (9/99)