

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #93000075530

1. Entity Name

INTERACTIVITY, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90189 030 \*\*\*150.00

| Principal Place of Business                    | Mailing Address                                |
|--|--|
| 11440 N. KENDALL DR.<br>104<br>MIAMI, FL 33176 | 11440 N. KENDALL DR.<br>104<br>MIAMI, FL 33176 |

| 2. Principal Place of Business  | 3. Mailing Address  |
|---|---|
| 8940 N. KENDALL DR.<br>Suite, Apt. #, etc.<br>601E<br>City & State<br>MIAMI, FL 33176<br>Zip<br>33176<br>Country<br>USA | 8940 N. KENDALL DR.<br>Suite, Apt. #, etc.<br>601E<br>City & State<br>MIAMI, FL 33176<br>Zip<br>33176<br>Country<br>USA |

DO NOT WRITE IN THIS SPACE

| 4. FEI Number | Applied For    |
|---------------|----------------|
| 65-0469741    | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

ROBERT L. SCHIMMEL  
3191 CORAL WAY  
PH-2  
MIAMI, FL 33145

**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 \_\_\_\_\_ (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 |                           |                 |                          |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|--|---|---------------------------|-----------------|--------------------------|--------------------------|----|----------------------|---------------------------|-----------------|--------------------------|---|------------------|---------------------------|-----------------|--------------------------|---|--------------|---------------------------|-----------------|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|-------|------|----------------|-------------|--------|----------|--|--|--|--|--------------------------|--------------------------|--|--|--|--|--------------------------|--------------------------|--|--|--|--|--------------------------|--------------------------|--|--|--|--|--------------------------|--------------------------|--|--|--|--|--------------------------|--------------------------|
| <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>Delete</th></tr></thead><tbody><tr><td>PD</td><td>LAWRENCE H. SCHIMMEL</td><td>8940 N. KENDALL DR., 601E</td><td>MIAMI, FL 33176</td><td><input type="checkbox"/></td></tr><tr><td>D</td><td>STEVEN R. KANTER</td><td>8940 N. KENDALL DR., 601E</td><td>MIAMI, FL 33176</td><td><input type="checkbox"/></td></tr><tr><td>D</td><td>JEROLD YOUNG</td><td>8940 N. KENDALL DR., 601E</td><td>MIAMI, FL 33176</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table> | TITLE   | NAME                      | STREET ADDRESS  | CITY-ST-ZIP              | Delete                   | PD | LAWRENCE H. SCHIMMEL | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> | D | STEVEN R. KANTER | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> | D | JEROLD YOUNG | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>Change</th><th>Addition</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE  | NAME  | STREET ADDRESS            | CITY-ST-ZIP     | Delete                   |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
| PD   | LAWRENCE H. SCHIMMEL                                  | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
| D  | STEVEN R. KANTER                                      | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
| D  | JEROLD YOUNG  | 8940 N. KENDALL DR., 601E | MIAMI, FL 33176 | <input type="checkbox"/> |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> |                          |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
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|  |   |                           |                 | <input type="checkbox"/> | <input type="checkbox"/> |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> | <input type="checkbox"/> |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> | <input type="checkbox"/> |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> | <input type="checkbox"/> |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |
|  |   |                           |                 | <input type="checkbox"/> | <input type="checkbox"/> |    |                      |                           |                 |                          |   |                  |                           |                 |                          |   |              |                           |                 |                          |  |  |  |  |                          |  |  |  |  |                          |  |       |      |                |             |        |          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |  |  |  |  |                          |                          |

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:** Steven R. Kanter **Steven R. Kanter** 4/27/00 305-279-9522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)