

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90132 027 \*\*\*150.00

DOCUMENT # **P94000032195**  
 1. Entity Name  
**Business Answers International, Inc**

Principal Place of Business Mailing Address  
**4440 PGA Blvd. Ste 505**  
**Palm Beach Gardens, FL**  
**33410**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0489904** 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  
**Rappaport, Richard J.**  
**10238 Allamanda Circle**  
**Palm Beach Gardens, FL**  
**33410**

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 \_\_\_\_\_  
 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. ☐ **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  

TITLE	<b>DVST</b>	<input type="checkbox"/> Delete
NAME	<b>Rappaport, Richard J.</b>	
STREET ADDRESS	<b>10238 Allamanda Circle</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>Batky, Michael</b>	
STREET ADDRESS	<b>4440 PGA Blvd. Suite 505</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>Gabay, Alex</b>	
STREET ADDRESS	<b>4440 PGA Blvd. Suite 505</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard J. Rappaport**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4-24-01** Daytime Phone # **561-775-6110**

CR2E034 (11/00)