

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036384

1. Entity Name

ULTIMATE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90068 012 ***158.75

Principal Place of Business

Mailing Address

BOX 970107
COCONUT CREEK FL 33097

ULTIMATE INC.
P.O. BOX 970107
COCONUT CREEK FL 33097-0107
US

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

65-0502964

Applied For

Not Applicable

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

KANOUSE, KEITH J. E
KANOUSE, KEITH J., P.A.
2424 N. FEDERAL HWY., STE. 353
BOCA RATON FL 33431

Name

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

2385 EXECUTIVE CENTER DRIVE
SUITE 270

City

BOCA RATON

FL

Zip Code

33431

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**

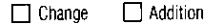
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD
NAME COHEN, LORI
STREET ADDRESS P.O. BOX 970107 N/A
CITY-ST-ZIP COCONUT CREEK FL 33097



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PSD
NAME COHEN, JEFFREY
STREET ADDRESS P.O. BOX 970107 N/A
CITY-ST-ZIP COCONUT CREEK FL 33097



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE V
NAME FERNANDEZ, SERGIO
STREET ADDRESS P.O. BOX 970107 N/A
CITY-ST-ZIP COCONUT CREEK FL 33097



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
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)(f), 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:

JEFFREY A. COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 561-866-2685

CR2E034 (9/99)