## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000005053** Apr 28, 2000 8:00 am Secretary of State BELLFAX SERVICES, INC. 04-28-2000 90067 034 \*\*\*150.00 Principal Place of Business Mailing Address 18371 FLAGSHIP CIRCLE 18371 FLAGSHIP CIRCLE JUPITER FL 33458-3363 JUPITER FL 33458 **60078038** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0572830 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee.Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATARAZZO, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 18371 FLAGSHIP CIRCLE JUPITER FL 33458 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE Delete MATARAZZO, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 18371 FLAGSHIP CIRCLE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition Change ☐ Delete TITLE TITLE MATARAZZO, KATHLEEN NAME STREET ADDRESS 18371 FLAG SHIP CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATARAZZO, STACEY NAME NAME STREET ADDRESS 18371 FLAG SHIP CIRCLE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP JUPITER FL 33458 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00

561-835-3645

Daytime Phone #