

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067024

1. Entity Name

SAGEMONT, CORP.

FILED

00 MAR -6 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1570 TOWN CENTER CIRCLE WESTON FL 33326	Mailing Address 1570 TOWN CENTER CIRCLE WESTON FL 33326-3642
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DO NOT WRITE IN THIS SPACE

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 65-0607207	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE, SUITE 201
POMPANO BEACH FL 33069

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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	GOLDMAN, RICHARD M	
STREET ADDRESS	521 SW 7TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, RENEE K	
STREET ADDRESS	521 SW 7TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDMAN, BRENT	
STREET ADDRESS	4486 DOGWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FINEBERG, LIBO B	
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	100003165831--2	
STREET ADDRESS	-03/10/00--01107--021	
CITY-ST-ZIP	****158.75 ****158.75	
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	TS	<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: *Renee K. Goldman* **Renee K. Goldman** **President** **2-25-00** **954-384-5454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #