

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008306

1. Entity Name

INVESTORS' RIGHTS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90137 019 \*\*\*150.00

Principal Place of Business

Mailing Address

7709 TRAVELERS TREE DRIVE  
BOCA RATON FL 33433  
US

1420 CENTER AVENUE  
SUITE 1711  
PITTSBURGH PA 15219-3527  
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

65-0640308

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

STEINBERG, ARNOLD Y  
1500 NW 49TH ST  
STE 500  
FT LAUDERDALE FL 33309

Name **Arnold Y. Steinberg**

Street Address (P.O. Box Number is Not Acceptable)  
**7709 Travelers Tree Drive**

City

**Boca Raton**

**FL**

Zip Code

**33433**

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

1/10/00

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **STEINBERG, ARNOLD Y**  
CITY-ST-ZIP **1500 NW 49TH ST, STE 500**  
**FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition  
NAME **Steinberg, Arnold Y.**  
STREET ADDRESS **7709 Travelers Tree Drive**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(412) 434-1190

Daytime Phone #

CR2E034 (9/99)