

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015894

1. Entity Name

CAREER COMMUNICATIONS CORP.

Principal Place of Business

Mailing Address

175 W. CAMINO REAL  
BOCA RATON FL 33432  
US

175 W. CAMINO REAL  
BOCA RATON FL 33432-5941  
US

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90059 007 \*\*\*150.00

00028445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

345 S. STATE Rd #7

3. Mailing Address

345 S. STATE Rd #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

65-0671754

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

PLATTER, BILL  
175 W CAMINO REAL  
BOCA RATON FL 33432

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 charging 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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, DIANE 175 W. CAMINO REAL BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, DIANE 345 S. STATE Rd #7 MARGATE, FLA. 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP STEVENS, JERRY 175 W. CAMINO REAL BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP TAYLOR, GIDEON 345 S. STATE Rd #7 MARGATE, FLA. 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Diane J. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 954-969-0277

CR2E034 (9/99)