

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90040 009 \*\*\*158.75

**DOCUMENT # P96000103404**

1. Entity Name

**COLLOCATION, INC.**

Principal Place of Business

**931 VILLAGE BLVD  
 SUITE 905-388  
 WEST PALM BEACH FL 33409**

Mailing Address

**931 VILLAGE BLVD  
 SUITE 905-388  
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

**5970 SW 18<sup>th</sup> STREET**

Suite, Apt. #, etc.

**SUITE E-1, PMB-235**

City & State

**BOCA RATON, FL**

Zip

**33433**

Country

**USA**

3. Mailing Address

**5970 SW 18<sup>th</sup> STREET**

Suite, Apt. #, etc.

**SUITE E-1, PMB-235**

City & State

**BOCA RATON, FL**

Zip

**33433**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0717458**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEGENS, JEFFREY  
 9600 W. SAMPLE RD  
 STE 501  
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**Jeffrey Begens, Esq.**

Street Address

**Flagler Square**

**1850 Forest Hill Blvd. #202**

**West Palm Beach, FL 33406**

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

*Jeffrey Begens*

**JEFFREY BEGENS, ESQ.**

**3/14/01**

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, 2001 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 **D** ☐ Delete  
 NAME **GELLER, STEPHANIE**  
 STREET ADDRESS **931 VILLAGE BLVD, STE. 905-388**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5970 SW 18<sup>th</sup> STREET, SUITE E-1, PMB-235**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

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

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

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

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

TITLE ☐ Change ☐ 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:

*Stephanie Geller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01**

Date

Daytime Phone #

CR2E034 (10/00)