


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70054203

DOCUMENT # P97000018532
 1. Entity Name
PROBIZ TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5320 NW 49 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 970515
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK, FLORIDA

City & State
COCONUT CREEK

4. FEI Number
65-0731631 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip 33073 Country USA Zip 33097 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ROBIN PHAM

Street Address (P.O. Box Number is Not Acceptable)
5320 NW 49 AVENUE

City COCONUT CREEK FL Zip Code 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robin Pham* DATE 04/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>ROBIN PHAM</u> <u>5320 NW 49 AVENUE</u> <u>COCONUT CREEK, FL 33073</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin Pham* DATE 04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)