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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

4.5

**DOCUMENT #** 

1. Corporation Name

P97000077483

## May 10, 1999 8:00 am Secretary of State

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| Busin          | vess opportunity                                     | ycllow tage                     | S, I           | _ N              | <u> </u>       |  |                       |                 |                 |
|----------------|--|---------------------------------|----------------|------------------|----------------|--|-----------------------|-----------------|-----------------|
| Principal Plac | ce of Business                                       | Mailing Address                 |                |                  |                | ( IETITED) HE (BIST THIN BEIN BEIN BEN BEN   | II SMFFM II BED BEFRE | 14451 (18) 1007 |                 |
| 20113 NE 16TH  | I PLACE. SUITE 201                                   | 20113 NE 16TH PLACE, SU         | HTE 201        |                  |                |  |                       |                 |                 |
| MIAMI FL 3317  | 9  | MIAMI FL 33179                  | MIAME FL 33179 |                  |                | DO NOT WRITE IN THIS SPACE   |                       |                 |                 |
|                |  |                                 |                |                  |                | 3. Date Incorporated or Qualified  | 10 01 7102            |                 | ٦.              |
| 1              | •  |                                 |                |                  |                | 01/09/1998   |                       |                 | `               |
| 2. Principal F | lace of Business                                     | 2a. Mailing Address             |                |                  |                | 4. FEI Number  | A                     | plied For       | 1               |
| 21             |  | 26                              |                |                  |                |  | No                    | t Applicable    | ]               |
| Suite, Apt     | . #, etc.  | Suite, Apt. #, etc.             |                |                  |                | 5. Certificate of Status Desired   |                       | Additional      | }               |
| 22             |  | 27                              |                |                  |                | 5. Caldicate of Sams Desired   | Fee R                 | equired         | 1               |
| City & Sta     | ite  | City & State                    |                |                  | •              | 6. Election Campaign Financing   | •                     | May 8e          | 1               |
| 23             |  | 28                              |                |                  |                | Trust Fund Contribution  | Added                 | to Fees         | 4               |
| Zip            | Country  | Zip                             | Cour           | ntry             |                | 8. This corporation owes the current year  | Intangible            | □No             | 1               |
| 24             | [25]   |                                 | 30             |                  |                | Personal Property Tax.  10. Name and Address of New Registere  |                       | LINO            | ┨               |
| <del></del>    | 9. Name and Address of Current                       | Registered Agent                | <del></del>    | 81 1             | Name           | 10' Hallis Blig Vogless Or Heat Kalistele  | o Agent               |                 | †               |
| INC            | ORPORATORS PLUS, INC.                                |                                 | l              |                  |                |  |                       |                 | 4               |
|                | 4 N. UNIVERSITY DRIVE                                |                                 | [              | 82 Street Add    |                | ess (P.O. Box Number is Not Acceptable)  |                       |                 | ł               |
|                | NTATION FL 33322                                     |                                 | ł              | 83               |                |  |                       |                 |                 |
|                |  |                                 | Į              | _                |                |  |                       |                 |                 |
|                |  |                                 | Ī              | 84 (             | City           | F  |                       | Code            | 1               |
| As Bussiant    | to the provisions of Sections 507 0502               | and 607 1508 Florida Statute    | es the ab      | YOVE-FU          | amed com       | oration submits this statement for the purpose   | of changing its       | registered      | 1               |
| office or      | registered agent, or both, in the State of           | i Fiorida. Such chande was al   | utnonzea       | by the           | corporation    | on's board of directors. I hereby accept the app   | cintment as re        | gistered        | 1               |
| agent. Le      | am familiar with, and accept the obligation          | ons of, Section 607.0505, Fibi  | noa siaw       | nes.             |                |  |                       |                 | ł               |
| SIGNATURE      | Signature, typed or printed name of registered agent | and title if applicable. (NOTE. | Registered /   | Agent sig        | mature require | d when reunstating) DATE   |                       |                 | I 📻             |
| 12.            | OFFICERS AND   |                                 | 13.            | 13.              |                | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO           | RS IN 12        | CR2E034 (11/98) |
| TITLE          | 0  | ☐ DELETE                        | 1.1 TIT        | LE               |                |  | Change                | ☐ Addition      | ĮΕ              |
| NAME           | HOFFMAN, STEVEN H                                    |                                 | 1.2 NAJ        | ME               | - 1            |  |                       |                 | ह               |
| STREET ADDRESS | 20113 NE 16TH PLACE, SUITE 2                         | 201                             | 1.3 STF        | REET AD          | ORESS          |  |                       |                 | 🖺               |
| CITY-ST-ZIP    | MIAMI FL 33179                                       |                                 | 1.4 QTT        | Y-ST <u>-Z</u> # | P              |  |                       |                 | 1 82            |
| TITLE          | - ALLANA MAICH                                       | A ct. DELETE                    | 21 1111        | LE               |                |  | Change                | Addition        | 0               |
| NAME           | SCHLAM, MICH   | WE C                            | 2.2 NA         | Æ                | - 1            |  |                       |                 | }               |
| STREET ADDRESS | 10051 SW 3 rd.                                       | C+.                             | 2.3 STF        | REET ADI         | ORESS          |  |                       |                 | 1               |
| CITY-ST-ZIP    | Plantation. FL                                       | 33324                           | 2 4 CF         | Y-ST-2           | ye             |  |                       |                 | 1               |
| TITLE          | <del>                                      </del>    | DELETE                          | 3.1 TITI       | LE               |                |  | Change                | Addition        | 1               |
| NAME           | ł  |                                 | 3.2 NA         | ME               |                | •  |                       |                 |                 |
| STREET ADDRESS |  |                                 | 33 STF         | REET ADO         | ORESS          | and the state of t |                       |                 |                 |
| CITY-ST-ZIP    | ł  |                                 | 3.4. CIT       | Y-ST-Zi          | P              |  |                       |                 | 1               |
| TITLE          |  | ☐ DELETE                        | 411111         | Œ                |                |  | Change                | Addition        | 1               |
| NAME           |  |                                 | 4,2 NA         | ME               |                |  |                       |                 | 1               |
| STREET ADDRESS |  |                                 | 4.3 STF        | REET ADD         | DRESS          |  |                       |                 | 1               |
| CITY-ST-ZIP    |  |                                 | 4.4 C/T        | Y-ST-2#          | Р              |  |                       | <u> </u>        | 4               |
| TITLE          |  | ☐ DELETE                        | 5.1 TITL       | Æ                |                | _ <u>_</u>   | Change                | ☐ Addition      |                 |
| NAME           | [  |                                 | 5.2 NA         | ME               | 1              |  |                       |                 | 1               |
| STREET ADDRESS |  |                                 | 5.3 STF        | REET ADO         | ORESS          |  |                       |                 |                 |
| CITY-ST-ZIP    | {  |                                 |                | Y-ST-ZIF         | <u> </u>       |  |                       |                 | 1               |
| TITLE          |  | ☐ DELETE                        | 5.1 TITI       |                  |                |  | Change                | Addition        |                 |
| NAME           | 1  |                                 | 6.2 NA         | WE               |                |  |                       |                 | l I             |

CITY-ST-ZIP 4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment yeth an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561147-90081-14 P97000077483 Florida Division of Corporate Inquiry Menu: Please select an inquiry type from the list below Corporations search key in the search field. Press SEARCH t **Public Access** CORPORATE DETAIL RECORD SCREEN Inquiry by: 4/30/99 NUM: P97000077483 ST:FL ACTIVE/FL PROFIT FLD: 09/08/1997 Corporation / Trademark FEI#: 65-0779480 Name : BUSINESS OPPORTUNITY YELLOW PAGES, INC. NAME Officer / Registered Agent CHAN PRINCIPAL: 20113 NW 16 PLACE Name MIAMI, FL 33179 US 20113 NW 16 PLACE ADDRESS Registered Agent Name MAILING MIAMI, FL 33179 ADDRESS Trademark Owner Name RA NAME : INCORPORATORS PLUS, INC. FEI Number : 1214 N. UNIVERSITY DRIVE RA ADDR PLANTATION, FL 33322 US Document Number (1998) E ANN REP C Trademark Name Search String: Search **HomePage** Officers ---- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION C Document Image

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| Corporation / Trademark Name Cofficer / Registered Agent Name Registered Agent Name Title: VSTD NAME: HOFFMAN, STEVEN H 2395 TALLAHASSEE WESTON, FL 33326 TITLE: PD NAME: SCHLAM, MICHAEL 10051 SW 3RD CT PLANTATION, FL 33324  Trademark Name Search String: HomePage  This is not official record; SEE DOCUMENTS IF QUESTION            | Public Access                   | search key in the search field. Press SEARCH             |
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| Registered Agent Name  Trademark Owner Name  FEI Number  Document Number  Trademark Name  Search String:  HomePage  This is not official record; see Documents if Question  | Officer / Registered Agent Name | WESTON, FL 33326   |
| FEI Number  Document Number  Tredemark Name  Search String:  Search  HomePage  This is not official record; see Documents if Question   | _                               | 10051 SW 3RD CT  |
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