

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078751

1. Entity Name

ON TARGET SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90219 045 ***155.00

Principal Place of Business

Mailing Address

226 S.E. 8TH TERRACE
 DEERFIELD BEACH FL 33441

226 S.E. 8TH TERRACE
 DEERFIELD BEACH FL 33428-5873

2. Principal Place of Business

10615 BOCA ENTRADA BL.

3. Mailing Address

10615 BOCA ENTRADA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0806138

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

Country

USA

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

LIPSON, SAUL B
 1515 UNIVERSITY DRIVE
 222
 CORAL SPRINGS FL 33071

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 changing 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) ☒

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 D
 STREET ADDRESS LAVADO, CESAR
 CITY-ST-ZIP 226 S.E. 8TH TERRACE
 DEERFIELD BEACH FL 33441

TITLE ☒ Change ☐ Addition
 NAME LAVADO, CESAR
 STREET ADDRESS 10615 BOCA ENTRADA BLVD.
 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #