

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 005 ***150.00

DOCUMENT # P97000094982

1. Entity Name
THE BUSINESS SUPERSTORE, INC.

Principal Place of Business
1515 UNIVERSITY DRIVE
STE 111
CORAL SPRINGS FL 33071

Mailing Address
1515 UNIVERSITY DRIVE
STE 111
CORAL SPRINGS FL 33071



2. Principal Place of Business
8010 W McNab Rd
 Suite, Apt. #, etc.

3. Mailing Address
8010 W McNab Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. Lauderdale
Zip
33068
Country

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N. Lauderdale
Zip
33068
Country

4. FEI Number **65-0772844**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

LIVIGNE, GARY
1515 UNIVERSITY DRIVE
STE 111
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
Gary Livigne
Street Address (P.O. Box Number is Not Acceptable)
8010 W McNab Rd
City & State
N. Lauderdale FL Zip Code
33068

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]* **1-10-02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	LIVIGNE, GARY
STREET ADDRESS	1515 UNIVERSITY DR STE 111
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO, D
STREET ADDRESS	Livigne, Gary
CITY-ST-ZIP	8010 W McNab Rd
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, D
STREET ADDRESS	Fiorito, Gary
CITY-ST-ZIP	8010 W McNab Rd
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, D
STREET ADDRESS	Estrada, Robert
CITY-ST-ZIP	8010 W McNab Rd
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 954-700-4511
 Date Daytime Phone #

CRZE034 (9/01)