## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000009164 1. Entity Name SUMMUS, INC. Principal Place of Business Mailing Address 3049 NE 20 AVE

## **FILED** May 26, 2000 8:00 am Secretary of State 05-26-2000 90123 002 \*\*\*150.00

T LAUDERDALE FL 33306		3049 NE 20 AVE FT LAUDERDALE FL 33306-1252  3. Mailing Address  Suite, Apt. #, etc.									
					DO NOT WRITE IN THIS SPACE						
City & State	θ	City & State			4. F	El Number	65-08796	96		plied For	
Zip	Country	Zip Cour		У	5. Certificate of Status Desired				\$8.75 Add	Additional	
	6. Name and Address of Current	Registered Agent	1		7. N	lame and	Address of New	Registered	Agent		
				Name							
SPANO, VINCENT J 3049 NE 20 AVE FT LAUDERDALE FL 33306				Street Address (P.O. Box Number is Not Acceptable)							
		<b></b>		City				FL	Zip Cod	e	
SIGNATURE .	named entity submits this statement for signature, typed or printed name of registered agents or printed in the statement of		E: Registered	Agent signature required		instating)		DATE	<b></b>		
Tax filing r	requirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				Trus	tion Campaign F t Fund Contribut	ion. [	Added	May Be I to Fees	
11.	OFFICERS AND		12.		AD	DITIONS/C	HANGES TO OF	FICERS AND			ء
TITLE NAME STREET ADDRESS	P SPANO, VINCENT J 3049 NE 20TH AVE	☐ Delete	NAME STREE	T ADDRESS					☐ Change	☐ Addition	0/0/ 760
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	<del></del>	CITY-	ST-ZIP							5
TITLE NAME STREET ADDRESS CITY-ST- ŽIP		☐ Delete	-	T ADDRESS ST-ZIP	<b>.</b>	, , <del>, ,</del> ,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition	
13. I hereby	certify that the information supplied with	this filing does not qualify fo	or the exen	nption stated in Se	ection	119.07 <u>(3)(i)</u>	, Florida Statutes	s. I further ce	rtify that the i	nformation	

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:** 

GNING OFFICER OR DIRECTOR