

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012981

1. Entity Name

DOWNTOWN REPORTING, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90052 045 ***150.00

Principal Place of Business

3378 E LAS OLAS BLVD.
FT LAUDERDALE FL 33301

Mailing Address

3378 E LAS OLAS BLVD.
FT LAUDERDALE FL 33301

2. Principal Place of Business

337 E Lasolas

Suite, Apt. #, etc.

3. Mailing Address

337 E Lasolas

Suite, Apt. #, etc.

City & State

Fort Laud FL 33301

City & State

Fort Laud FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

65-0818237

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BOULOS
BUGLEY, SUZANNE F
1217 SE 8TH STREET
DEERFIELD BEACH FL 33441

(name change)

7. Name and Address of New Registered Agent

Name Suzanne Boulos

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

Suzanne Boulos

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

TITLE P BOULOS
NAME BOULOS, SUZANNE
STREET ADDRESS 1217 SE 8TH ST.
CITY-ST-ZIP DEERFIELD BCH FL 33441 ☐ Delete

TITLE VP
NAME JOHNSON, MICHAEL
STREET ADDRESS 60 N COMPASS DR
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 #

Suzanne Boulos

2-8-00

954

522-3376

CR2E034 (9/99)