

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037938

1. Entity Name

HIPHIP SOFTWARE, INC.

Principal Place of Business

17436 NW 63 COURT
TOP FLOOR
MIAMI LAKES FL 33015

Mailing Address

17436 NW 63 COURT
TOP FLOOR
MIAMI LAKES FL 33015

2. Principal Place of Business

6447 MIAMI LAKES DR. EAST

3. Mailing Address

6447 MIAMI LAKES DR. EAST

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

STE 200

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0830197

Applied For

Not Applicable

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

LYONS, VICTOR
17436 NW 63 COURT
TOP FLOOR
MIAMI LAKES FL 33015

Name

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

6447 MIAMI LAKES DR. EAST

City

MIAMI LAKES

FL

Zip Code

33014

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.

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--10/05/00--01092--003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

***758.75 ***758.75

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME LYONS, VICTOR
STREET ADDRESS 17436 NW 63 COURT
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE C/PID ☒ Change ☐ Addition
NAME LYONS, VICTOR
STREET ADDRESS 6447 MIAMI LAKES DR EAST STE200
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE D ☐ Delete
NAME SHANNON, MELANIE
STREET ADDRESS 17436 NW 63 COURT
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE D ☒ Change ☐ Addition
NAME SHANNON, MELANIE
STREET ADDRESS 6447 MIAMI LAKES DR EAST STE200
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE D ☐ Delete
NAME JAMES, SHANNON
STREET ADDRESS 7022 HOLLY RD
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE D ☒ Change ☐ Addition
NAME SHANNON, JAMES
STREET ADDRESS 7022 HOLLY ROAD
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME RICHARD BULMAN, JR
STREET ADDRESS 6447 MIAMI LAKES DR. EAST STE 200
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SID ☐ Change ☒ Addition
NAME GERARD S. COOMBS
STREET ADDRESS 6447 MIAMI LAKES DR. EAST STE 200
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED S. COOMBS

9/15/00

305-823-5235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)