

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91332 034 ***150.00

DOCUMENT # P98000037938

1. Entity Name

HIPHIP SOFTWARE, INC.

Principal Place of Business

Mailing Address

6447 MIAMI LAKES DR. EAST
 STE. 200
 MIAMI LAKES FL 33014

6447 MIAMI LAKES DR. EAST
 STE. 200
 MIAMI LAKES FL 33014

00053717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6447 MIAMI LAKES DR. EAST

6447 MIAMI LAKES DR. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

MIAMI LAKES, FL.

MIAMI LAKES, FL.

Zip

Country

Zip

Country

33014

USA

33014

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
6447 MIAMI LAKES DR. EAST
MIAMI LAKES FL 33014

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]

VICTOR LYONS

5/1/2001

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, 2001 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 **CPD** ☐ Delete
 NAME **LYONS, VICTOR**
 STREET ADDRESS **6447 MIAMI LAKES DR. EAST, STE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **VICTOR LYONS**
 STREET ADDRESS **6447 MIAMI LAKES DR. E. #200**
 CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE **D** ☐ Delete
 NAME **SHANNON, MELANIE**
 STREET ADDRESS **6447 MIAMI LAKES DR. EAST, STE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **CPD** ☒ Change ☐ Addition
 NAME **MELANIE SHANNON**
 STREET ADDRESS **6447 MIAMI LAKES DR. E. #200**
 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 **P/D** ☒ Change ☐ Addition
 NAME **JAMES SHANNON**
 STREET ADDRESS **6447 MIAMI LAKES DR. E. #200**
 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

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

TITLE **S/D** ☒ Delete
 NAME **COOMBS, GERARD S**
 STREET ADDRESS **6447 MIAMI LAKES DR. EAST STE 200**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2001

305 819 8111

X103

CR2E034 (10/00)