

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90170 022 \*\*\*150.00

**DOCUMENT # P98000052395**

1. Entity Name

**SALES FORCE & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

2640 HOLLYWOOD BLVD  
 #115  
 HOLLYWOOD FL 33020

2640 HOLLYWOOD BLVD  
 #115  
 HOLLYWOOD FL 33020-4830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0908550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAMUELS, LEONARD K  
 BERGER DAVIS & SINGERMAN  
 100 NE 3RD AVE, SUITE 400  
 FT LAUDERDALE FL 33301

*Same New address ->*

Name *Berger Davis + Singerman / Samuel S, Leonard K*  
 Street Address (P.O. Box Number is Not Acceptable)  
*350 East Las Olas Blvd Suite 1000*  
 City *FT LAUDERDALE* FL Zip Code *33301*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	WOOFE, FRANK P	8362 PINES BLVD, #411	PEMBROKE PINES F3 33024	<input checked="" type="checkbox"/>
	STOYER, JEFFREY	8362 PINES BLVD, #411	PEMBROKE PINES F3 33024	<input type="checkbox"/>
	MARTINEZ, BOBBI	8362 PINES BLVD, #411	PEMBROKE PINES FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		2640 Hollywood Blvd Suite 115	Hollywood FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2640 Hollywood Blvd. Suite 115	Hollywood FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/18/00*

Daytime Phone #

*(813) 227-6074*

CR2E034 (9/99)