

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90013 019 ***150.00

DOCUMENT # P98000055452

1. Entity Name

THE PRIVACY OPT OUT COMPANY

L0055555



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

501 CALIGULA AVE
CORAL GABLES FL 33146-2710501 CALIGULA AVE
CORAL GABLES FL 33146-2710

2. Principal Place of Business

555 NE 15th St #14G

3. Mailing Address

c/o Florida Incorporators

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1221 Brickell Ave Ste 900

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0844226

Applied For

Not Applicable

Zip

33132

Country

Zip

33131

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

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131**

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, 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 **D** ☐ Delete
NAME **HANKINS, MARK**
STREET ADDRESS **501 CALIGULA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146-2710**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **555 NE 15th Ave #14G**
CITY-ST-ZIP **Miami, FL 33132**TITLE **D** ☐ Delete
NAME **LONDONO, ALEXANDRA D**
STREET ADDRESS **501 CALIGULA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146-2710**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **255 Alhambra Plaza Ste 800**
CITY-ST-ZIP **Coral Gables, FL 33143**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Hankins

Date

Daytime Phone #

5/19/00**305 957-6175**