

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90094 024 ***150.00

DOCUMENT # P98000077365

1. Entity Name

EFT INTERNATIONAL, INC.

C0100106



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4577 GUNN HWY
114
TAMPA FL 33624-6311**

Mailing Address
**5156 CENTRAL AVENUE
%CAROL MCATEE, CPA
ST. PETERSBURG FL 33707-1833**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**4577 Gunn Hwy
114**
Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33624-6311

Country
USA

4. FEI Number
59-3532924

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BERMAN, GREGORY
4577 GUNN HWY STE 114
TAMPA FL 33624**

7. Name and Address of New Registered Agent
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 DATE **4/15/00**

Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------------------|----------------|-------------|--------------------------|
| | D | | | <input type="checkbox"/> |
| | BERMAN, GREGORY | | | |
| | 4577 GUNN HWY STE 114 | | | |
| | TAMPA FL 33624 | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
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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: **4/15/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

C-42E034 (9/99)