

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082442

1. Entity Name

BARPOINT.COM, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90100 016 \*\*\*158.75

Principal Place of Business

Mailing Address

1540 N.E. QUAYSIDE TERRACE

1540 N.E. QUAYSIDE TERRACE

MIAMI FL 33138

MIAMI FL 33138-2208

*ONE BROWARD BLVD #410  
FT. LAUDERDALE, FL ~~33400~~ 33301*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856753

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

JAHN, LORRAINE F  
C/O SOLOMON & BENEDICT  
400 N ASHLEY ST., #3000  
TAMPA FL 33602

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 ☐ Delete  
NAME D  
STREET ADDRESS ROTHSCHILD, LEIGH  
CITY-ST-ZIP 1540 N.E. QUAYSIDE TERRACE  
MIAMI FL 33138

TITLE ☐ Change ☐ Addition  
NAME Matthew Schilowitz  
STREET ADDRESS 189 South Country Road  
CITY-ST-ZIP Remsenburg, NY. 11960

TITLE ☐ Delete  
NAME Jeffrey W. Sass  
STREET ADDRESS 1 East Broward Blvd, Suite 410  
CITY-ST-ZIP Fort Lauderdale, FL. 33301

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

TITLE ☐ Delete  
NAME David Sass  
STREET ADDRESS 1 East Broward Blvd, Suite 410  
CITY-ST-ZIP Fort Lauderdale, FL. 33301

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

TITLE ☐ Delete  
NAME Jay Howard Lwin  
STREET ADDRESS 1160 Kane Concourse, Suite 205  
CITY-ST-ZIP Bay Harbor Islands, FL. 33154

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

TITLE ☐ Delete  
NAME Ken Jaeggi  
STREET ADDRESS One Symbol Plaza  
CITY-ST-ZIP Hightstown, NY. 11742-1300

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

TITLE ☐ Delete  
NAME Sy Siegel  
STREET ADDRESS 295 Madison Avenue, Suite 926  
CITY-ST-ZIP New York, NY 10017

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)