

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90017 001 ***150.00

0010984 AT

DOCUMENT # P98000082442

1. Entity Name

BARPOINT.COM, INC.

Principal Place of Business

**2200 SW 10TH STREET
 DEERFIELD BEACH FL 33442**

Mailing Address

**2200 SW 10TH STREET
 DEERFIELD BEACH FL 33442**

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHSCHILD, LEIGH	
STREET ADDRESS	1540 N.E. QUAYSIDE TERRACE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASS, JEFFREY	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, JEFFREY	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACATEE, JOHN	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARMELIN, MICHAEL A	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIGH ROTHCHILD	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY LINN	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SASS	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH JAECCI	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRY MCDONOUGH	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUERITE SALLER	
STREET ADDRESS	2200 SW 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

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:

MICHAEL R. MOORE, VP

2-13-02 (954) 949-7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)