

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000085295**

1. Entity Name

21ST CENTURY INVESTOR PUBLISHING CORP.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90112 047 ***150.00

0099528

Principal Place of Business

**1900 GLADES RD., SUITE 441
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES RD., SUITE 441
BOCA RATON FL 33431
US****UUUUJJJJ**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0869856**

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

**DIGEORGIA, JAMES
1900 GLADES RD., SUITE 441
BOCA RATON FL 33431**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DIGEORGIA, JAMES	
STREET ADDRESS	17288 HAMPTON BLVD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, DANIEL	
STREET ADDRESS	1600 SHATTUCK AVE STE 212	
CITY-ST-ZIP	BERKELEY CA 94709	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ELLEN	
STREET ADDRESS	1600 SHATTUCK AVE STE 212	
CITY-ST-ZIP	BERKELEY CA 94709	
TITLE	CS	<input type="checkbox"/> Delete
NAME	LONDON, MICHAEL	
STREET ADDRESS	9856 GRAND VERDE WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Digeorgia, James	
STREET ADDRESS	708 Cecelia Way	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-18-01

CR2E034 (10/00)