

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000093451** ✓

1. Entity Name  
**INTERNET COMMERCE COMMISSION, INC**

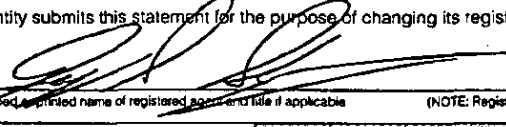
Principal Place of Business Mailing Address  
**2800 HUNTER ROAD 2800 HUNTER ROAD**  
**WESTON FLA 33331 WESTON FLA 33331**

2. Principal Place of Business 3. Mailing Address  
**2800 HUNTER ROAD 2800 HUNTER ROAD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**WESTON FLA WESTON FL**  
Zip Country Zip Country  
**33331 USA 33331 USA**

4. FEI Number Applied For  
**65-10101-36** 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  
**JEFFREY SHAPIRO** Name **JEFFREY S. SHAPIRO**  
**2800 HUNTER ROAD** Street Address (P.O. Box Number is Not Acceptable)  
**WESTON FLA 33331** **2800 HUNTER ROAD**  
City **WESTON** FL Zip Code **33331**

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 **5-24-00**  
Signature typed and 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. ☒ **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                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D</b>                        | NAME  |   |
| STREET ADDRESS             | <b>JEFFREY S. SHAPIRO</b>       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>2800 HUNTER ROAD</b>         | CITY-ST-ZIP   |   |
|                            | <b>WESTON FLA 33331</b>         |   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D</b>                        | NAME  |   |
| STREET ADDRESS             | <b>EDWARD C. CHERRY</b>         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>5308 NW 126 DR</b>           | CITY-ST-ZIP   |   |
|                            | <b>CORAL SPRINGS FL 33076</b>   |   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | 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:  **JEFFREY S. SHAPIRO** DATE **5-23-00 (954) 475-0051**  
Signature typed and printed name of signing officer or director

06-08-2000 12:04 \*\*\*150.00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 15 PM 4:04  
D0059715

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)