

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90012 012 \*\*\*150.00

**DOCUMENT # P99000001575**

1. Entity Name  
**FROM2.COM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8055 N.W. 77TH COURT SUITE 5 MIAMI FL 33166	Mailing Address 8055 N.W. 77TH COURT SUITE 5 MIAMI FL 33166-2167
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2. Principal Place of Business <b>8100 OAK LANE</b> Suite, Apt. #, etc. <b>100-200</b> City & State <b>MIAMI LAKES, FL</b>	3. Mailing Address <b>8100 OAK LANE</b> Suite, Apt. #, etc. <b>100-200</b> City & State <b>MIAMI LAKES, FL</b>
Zip <b>33016</b> Country <b>US</b>	Zip <b>33016</b> Country <b>US</b>

4. FEI Number <b>65-0931158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TANEY, DAVID J**  
~~8055 N.W. 77TH COURT~~  
~~SUITE 5~~  
~~MIAMI FL 33166~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8100 OAK LANE**  
**SUITE 100-200**  
 City  
**MIAMI LAKES FL** Zip Code  
**33016**

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 \_\_\_\_\_  
Signature, typed 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	<b>CEO / PRESIDENT</b> <input type="checkbox"/> Delete <b>LEON FALIC</b> <b>8100 OAK LANE STE. 100-200</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <input type="checkbox"/> Delete <b>GARY GOLDFARB</b> <b>8100 OAK LANE STE. 100-200</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CONTROLLER</b> <input checked="" type="checkbox"/> Delete <b>PIERRE RABINOWITZ</b> <b>8100 OAK LANE STE. 100-200</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <input type="checkbox"/> Delete <b>J. DAVID LAPPIN</b> <b>8100 OAK LANE STE. 100-200</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Lappin* **DAVID LAPPIN** **4/18/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 1 014 (9/99)