

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006229

1. Entity Name

CITYBOOKMARKS.COM, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90054 012 \*\*\*150.00

Principal Place of Business

169 LINCOLN ROAD  
 MIAMI BEACH FL 33139

Mailing Address

169 LINCOLN ROAD  
 MIAMI BEACH FL 33139-2001

2. Principal Place of Business

420 LINCOLN ROAD

3. Mailing Address

420 LINCOLN ROAD

Suite, Apt. #, etc.

259

Suite, Apt. #, etc.

259

City & State

MIAMI BEACH

City & State

MIAMI BEACH

4. FEI Number

15-0890858

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

ALBEE, STEPHEN  
 169 LINCOLN ROAD  
 MIAMI BEACH FL 33139

Name

STEPHEN ALBEE

Street Address (P.O. Box Number is Not Acceptable)

420 LINCOLN ROAD, SUITE 259

City

MIAMI BEACH

FL

Zip Code

33139

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	D	<input type="checkbox"/> Delete
NAME	PRASUHN, BERND	
STREET ADDRESS	KOENIGSALLEE 58A, D-40212	
CITY-ST-ZIP	DUSSELDORF, GERMANY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COONEY, JOHN J	
STREET ADDRESS	3190 VIA ABITARE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBEE, STEPHEN	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBEE, STEPHEN	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 259	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUTTA LONKAMPF	
STREET ADDRESS	KOENIGSALLEE 58A, D-40212	
CITY-ST-ZIP	DUSSELDORF, GERMANY	
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 #

CR2E034 (9/99)