## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000007758**

1. Entity Name

IVIEWIT, INC.

## FILED May 22, 2000 8:00 am Secretary of State

05-22-2000 90064 002 \*\*\*150.00

Principal Place of Business Mailing Address 500 SE MIZNER BLVD STE 102 500 SE MIZNER BLVD STE 102 BOCA RATON FL 33432-6080 **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business 8255 GLADES ROAD 2255 GLADES COAL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 337W SUITE 337W Applied For 4. FEI Number City & State City & State 105-0897056 Not Applicable RATON BOLA RATON, FL \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DNIPISIT D Change TITLE ☐ Delete BERNSTEIN, ELIOTI BERNSTEIN, ELIOT I NAME NAME 2255 GLADES ROAD, SUITE 337W STREET ADDRESS 500 SE MIZNER BLVD STE 102 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-7IP BOLA RATON, FL 33431 Change ☐ Addition ☐ Delete TITLE TITLE BERNSTERN, SIMON BERNSTEIN, SIMON NAME 2255 GLADES ROAD, SUITE 337W 500 SE MIZNER BLVD STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP BOLA RATON, FL 3343! ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Defete Maria Cara Sa NAME NAME Fig. of owners the confidence of the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information su

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 accordate 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 the section of the 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #