

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009602

1. Entity Name

PRODUCTIVITY PLUS, INC.

Principal Place of Business

21085 NORTHEAST 34TH AVENUE
SUITE 403
AVENTURA FL 33180

Mailing Address

21085 NORTHEAST 34TH AVENUE
SUITE 403
AVENTURA FL 33180-3532

2. Principal Place of Business

21085 NE 34th Ave
Suite, Apt. #, etc.
403

3. Mailing Address

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Zip

33180

Country

USA

Country

4. FEI Number

65-0891033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Eric Stoller

Eric Stoller

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME STOLLER, ERIC S
STREET ADDRESS 21085 NORTHEAST 34TH AVENUE
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Eric Stoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90100 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR200: 4 (9/99)