

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014493

1. Entity Name

SUBOT, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90097 002 \*\*\*150.00

Principal Place of Business

Mailing Address

7491 N FEDERAL HWY. C-5, SUITE 294  
 BOCA RATON FL 33487

7491 N FEDERAL HWY. C-5, SUITE 294  
 BOCA RATON FL 33487-1625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

65-0959535

Applied For

Not Applicable

Zip

Country

Zip

Country

33487-1625

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

BOTFELD, EILEEN M  
 7030 NW 2ND AVE  
 BOCA RATON FL 33487

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

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 PD  
 NAME BOTFELD, EILEEN M  
 STREET ADDRESS 7491 N FEDERAL HWY, C-5, SUITE 294  
 CITY-ST-ZIP BOCA RATON FL 33487

TITLE Eileen Botfeld  
 NAME SUBOT, INC.  
 STREET ADDRESS PMB 294  
 CITY-ST-ZIP 7491 N. FEDERAL HWY., C-5  
 BOCA RATON, FL 33487-1625

TITLE  
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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:

Eileen Botfeld  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00 (561) 241-4459

CR2E034 (9/99)