

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014789

1. Entity Name
DOTSHOP CONSULTING CORP.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90002 022 ***750.00

Principal Place of Business
1521 ALTON ROAD
NO. 145
MIAMI BEACH FL 33139

Mailing Address
1521 ALTON ROAD
NO. 145
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
65-0897416

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SILVERSTEIN, BARRY D
2+999 NE 191 STREET
SUITE 704
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **RICHARD H HARRIS**
Street Address (P.O. Box Number is Not Acceptable)
4901 NW 17TH WAY STE 406
City **PT LAUDERDALE** FL Zip Code **33309**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **HOLLANDER, JONATHAN**
STREET ADDRESS **1521 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/15/00** Daytime Phone # **13056735544**

CR2E034 (5/00)