

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020150

1. Entity Name

BANKRECONCILIATION.COM CORP.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90015 001 ***150.00

00017230



DO NOT WRITE IN THIS SPACE

Principal Place of Business ATTN: GLENN FROMER 20937 ST. ANDREWS BLVD., #19 BOCA RATON FL 33433-1716	Mailing Address ATTN: GLENN FROMER 20937 ST. ANDREWS BLVD., #19 BOCA RATON FL 33433-1716
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2. Principal Place of Business ATTN: Glenn Fromer Suite, Apt. #, etc. 818 Lake Blvd.	3. Mailing Address ATTN: Glenn Fromer Suite, Apt. #, etc. 818 Lake Blvd.
City & State Weston, FL	City & State Weston, FL
Zip 33326	Country USA

4. FEI Number 65-0902253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROMER, GLENN 20937 ST. ANDREWS BLVD., #19 BOCA RATON FL 33433

7. Name and Address of New Registered Agent Name: Glenn Fromer Street Address (P.O. Box Number is Not Acceptable) 818 Lake Blvd. City: Weston FL Zip Code: 33326
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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: 2/1/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMER, GLENN 20937 ST. ANDREWS BLVD., #19 BOCA RATON FL 33433-1716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN FROMER 818 Lake Blvd. WESTON FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Date: 2/1/01	Daytime Phone #: 226-866-5732
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2E034 (10/00)