

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90654 019 \*\*\*150.00

**DOCUMENT # P99000020338**

1. Entity Name  
**BIDEX, INC.**



Principal Place of Business  
**5255 N. FEDERAL HWY. SECOND FLOOR  
BOCA RATON FL 33487**

Mailing Address  
**5255 N. FEDERAL HWY. SECOND FLOOR  
BOCA RATON FL 33487**

2. Principal Place of Business  
**1600 S. DIXIE HWY.**

3. Mailing Address  
**P.O. BOX 273664**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip Country  
**33432 Palm Beach**

Zip Country  
**33427 Palm Beach**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0925046**

Applied For  
Not Applicable

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

**SCHWARTZ, NATHAN  
5255 N. FEDERAL HWY, THIRD FLOOR  
BOCA RATON FL 33487**

Name **Nathan Schwartz**  
Street Address (P.O. Box Number is Not Acceptable)  
**1600 S. DIXIE HWY.**  
**Suite 100**  
City **BOCA RATON** **FL** Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/9/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SCHWARTZ, NATHAN**  
STREET ADDRESS **5255 N. FEDERAL HWY, THIRD FLOOR**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Change ☐ Addition  
NAME **Nathan Schwartz**  
STREET ADDRESS **1600 S. DIXIE HWY**  
CITY-ST-ZIP **Suite 100, Boca Raton, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Beth Schwartz**  
STREET ADDRESS **1600 S. DIXIE HWY, Suite 100**  
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02**  
Date

**561-347-8376**  
Daytime Phone #

CR2E034 (10/02)