

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99900028455

1. Entity Name
Interplanner, Com, Inc.

Principal Place of Business
3435 Galt Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308

Mailing Address
3435 Galt Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308

2. Principal Place of Business
3435 Galt Ocean Drive
Suite, Apt. #, etc.
2nd Floor
City & State
Ft. Lauderdale, FL
Zip
33308 Country
USA

3. Mailing Address
3435 Galt Ocean Drive
Suite, Apt. #, etc.
2nd Floor
City & State
Ft. Lauderdale, FL
Zip
33308 Country
USA

6. Name and Address of Current Registered Agent
David M. Glassberg
1570 Madruga Ave
Suite 211
Coral Gables, FL 33146

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 [Signature] David M. Glassberg 04/11/00
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		
TITLE	NAME	STREET ADDRESS
	<u>President, Secretary & Treasurer</u>	<u>3435 Galt Ocean Drive</u>
	<u>Thomas J. Taule</u>	<u>Ft. Lauderdale, FL 33308</u>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS

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] Thomas J. Taule 4/11/00 (954) 630-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

00 MAY 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909341 Applied For ☐ Not Applicable ☒

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

CR2E034 (9/99)

SP