

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028455

1. Entity Name  
INTERPLANNER. COM, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90960 046 \*\*\*150.00

Principal Place of Business  
3435 GALT OCEAN DRIVE.. 2ND FL  
FORT LAUDERDALE FL 33308

Mailing Address  
3435 GALT OCEAN DRIVE.. 2ND FL  
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2400 W Cypress Creek Rd  
Suite 100

3. Mailing Address  
2400 W Cypress Creek Rd  
Suite 100

City & State  
Fort Lauderdale

City & State  
Ft. Lauderdale

4. FEI Number 65-0909341

Applied For  
Not Applicable

Zip  
33309

Country  
USA

Zip  
33309

Country  
USA

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

GLASSBERG, DAVID M  
13615 SO. DIXIE HIGHWAY., #114-514  
MIAMI FL 33176

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, 2001 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 PST  
NAME TAULE, THOMAS J  
STREET ADDRESS 3435 GALT OCEAN DRIVE., 2ND FL  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE  
NAME  
STREET ADDRESS 2400 W. Cypress Creek Rd Suite 100  
CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)