

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028607

1. Entity Name
CODE.COM, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90050 027 ***150.00

Principal Place of Business

Mailing Address

2901 W OAKLAND PARK BLVD
SUITE A-104
FT LAUDERDALE FL 33311

4850 N. ST Rd 7
G-104
Lauderdale Lakes
Florida 33319

2901 W OAKLAND PARK BLVD
SUITE A-104
FT LAUDERDALE FL 33311-1236

4850 N. ST Rd 7
G104
Lauderdale Lakes FL
33319

2. Principal Place of Business

4850 North State Rd. 7

3. Mailing Address

4850 North State Rd. 7

Suite, Apt. #, etc.

~~Suite A-104~~ G104

Suite, Apt. #, etc.

~~Suite A-104~~ G104

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909053

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

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D President
STREET ADDRESS MILLER, GREGORY
CITY-ST-ZIP 3075 WEST OAKLAND PARK BLVD., SUITE 210
FT LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER, MICHAEL
CITY-ST-ZIP 3075 WEST OAKLAND PARK BLVD., SUITE 210
FT LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BERNSTEIN, RICHARD N
CITY-ST-ZIP 2601 SO BAYSHORE DRIVE 19TH FLOOR
MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME Board Member
STREET ADDRESS COO
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS LONDON, I. EDWARD
CITY-ST-ZIP 2601 SO BAYSHORE DRIVE 19TH FLOOR
MIAMI FL 33133

TITLE ☐ Change ☒ Addition
NAME Board Member
STREET ADDRESS David Foster
CITY-ST-ZIP 222 Phipps Plaza
Palm Beach, FL 33480

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

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

Emmett Moore

Date

1/24/00

Daytime Phone #

954-484-3191