

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000028709**

1. Entity Name

VALUE BUY CLASSIFIED, INC.**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90001 006 ***150.00

0247884

Principal Place of Business

5271 NE 18 TERR
FT. LAUDERDALE FL 33308

Mailing Address

5271 NE 18 TERR
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3042 N. Federal Hwy

Suite, Apt. #, etc.

3rd floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

ft. lauderdale FL

City & State

4. FEI Number **65-0914102**

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HIGNEY, PETER
5271 NE 18 TERR
FT. LAUDERDALE FL 33308

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, 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGNEY, PETER	
STREET ADDRESS	5271 NE 18 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGNEY, TRACEY	
STREET ADDRESS	5271 NE 18TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higney, Tracey	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)