

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 004 ***550.00

DOCUMENT # ~~99000032756~~ ✓
1. Entity Name
rfpNOW.com, Inc. **999000032756**

Principal Place of Business Mailing Address Same
2514 Hollywood Blvd., Suite 303
Hollywood FL 33020

2. Principal Place of Business See Above
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address See Above
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1012946
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

00063817

DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent

Martin L. Hoffman
4350 Player Street
Hollywood FL 33021

7. Name and Address of New Registered Agent

Name Martin L. Hoffman
Street Address (P.O. Box Number is Not Acceptable)
2514 Hollywood Blvd., Suite 303
City Hollywood FL 33020

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  Martin L. Hoffman, Reg. Agent 6/6/2000
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	Martin L. Hoffman, P/D	<input type="checkbox"/> Delete
NAME	4350 Player St.	
STREET ADDRESS	Hollywood FL 33021	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Martin L. Hoffman, P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2514 Hollywood Blvd., Suite 303	
STREET ADDRESS	Hollywood FL 33020	
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		
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

Martin L. Hoffman, Pres. 6/6/2000

Date Daytime Phone #
954/921-5699

CR2E034 (9/99)