2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000035156** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** INVESTMENT PROFESSIONALS EDUCATION AND INFORMATI 01-24-2000 90065 004 ***150.00 Principal Place of Business Mailing Address 4400 N. FEDERAL HIGHWAY STE-210 4400 N. FEDERAL HIGHWAY STE.-210 BOCA RATON FL 33431-5195 **BOCA RATON FL 33431** 3. Mailing Address 4400 N. Federa 2. Principal Place of Business 4400 N. Federal DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 125 125 City & State 4. FEI Number Applied For City & State Katan 5a-2165a7 Katon Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLEZZA, VITO Street Address (P.O. Box Number is Not Acceptable) 4400 N. FEDERAL HIGHWAY STE. 44 **BOCA RATON FL 33431** City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Change Addition ☐ Delete DITLE TITLE SAXTON, WILLIAM A NAME NAME 4400 N. FEDERAL HIGHWAY STE, 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE DUPUIS, RICHARD NAME NAME 4400 N. FEDERAL HIGHWAY STE. 210 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33431** CITY-ST-ZIP OFFICER Change Addition Delete - --TITLE VITO BELLEZZA 4400 N. FEDERAL HIGHWAY, STE 125 NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP BOCA RATION FL 33431 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trystee 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.