

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045055

1. Entity Name
SITE SELECTION SYSTEMS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90034 007 ***150.00

Principal Place of Business 1606 N.E. 205 TERRACE NORTH MIAMI BEACH FL 33179	Mailing Address 1606 N.E. 205 TERRACE NORTH MIAMI BEACH FL 33179-2110
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3150 NE 190 Street Suite, Apt. #, etc. Suite 106 City & State Aventura, FL Zip 33180 Country USA	3. Mailing Address 3150 NE 190 Street Suite, Apt. #, etc. Suite 106 City & State Aventura, FL Zip 33180 Country USA
--	--

4. FEI Number 59-2429571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HURWIT, BARRY
1606 N.E. 205 TERRACE
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
3150 NE 190 Street, Suite 106
City Aventura, FL Zip Code 33180

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 *Barry Hurwit* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/00

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 D	<input type="checkbox"/> Delete
NAME HURWIT, BARRY	
STREET ADDRESS 1606 N.E. 205 TERRACE	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3150 NE 190 Street, Suite 106	
CITY-ST-ZIP Aventura, FL 33180	
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: *Barry Hurwit* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-14-00 Daytime Phone # 305-652-4078

CR2E034 (9/99)