

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0286207 AV

DOCUMENT # P99000045055

1. Entity Name
SITE SELECTION SYSTEMS, INC.

04-15-2002 90066 018 ***150.00

Principal Place of Business
2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179

Mailing Address
2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business
1112 Weston Rd.
 Suite, Apt. #, etc.
114

3. Mailing Address
1112 Weston Rd
 Suite, Apt. #, etc.
114

DO NOT WRITE IN THIS SPACE

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
59-2429571

Applied For
 Not Applicable

Zip
33326 Country
USA

Zip
33326 Country
USA

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

6. Name and Address of Current Registered Agent

HURWIT, BARRY
2115 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name
Barry Hurwit
 Street Address (P.O. Box Number is Not Acceptable)
1112 Weston Road
114
 City
Weston FL Zip Code
33326

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 DATE **4/1/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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
 NAME
HURWIT, BARRY
 STREET ADDRESS
2115 NE 191 DRIVE
 CITY-ST-ZIP
NORTH MIAMI BEACH FL 33179

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
Barry Hurwit
 STREET ADDRESS
1112 Weston Road, #114
 CITY-ST-ZIP
Weston, FL 33326

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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: DATE **4/1/02** DAYTIME PHONE # **954-217-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)