

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046602

1. Entity Name

VIEWIT.COM, INC. I.C. INC

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90205 037 \*\*\*150.00

Principal Place of Business

500 SE MIZNER BOULEVARD  
SUITE 102  
BOCA RATON FL 33432

Mailing Address

500 SE MIZNER BOULEVARD  
SUITE 102  
BOCA RATON FL 33432-6080

2. Principal Place of Business

2255 GLADES ROAD

3. Mailing Address

2255 GLADES ROAD

Suite, Apt. #, etc.

SUITE 337W

Suite, Apt. #, etc.

SUITE 337W

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0920617

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ELIOT I	
STREET ADDRESS	500 SE MIZNER BOULEVARD SUITE 102	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, SIMON	
STREET ADDRESS	500 SE MIZNER BOULEVARD SUITE 102	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	DIPN/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ELIOT I	
STREET ADDRESS	2255 GLADES ROAD, SUITE 337W	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, SIMON	
STREET ADDRESS	2255 GLADES ROAD, SUITE 337W	
CITY-ST-ZIP	BOCA RATON, FL 33431	
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 (9/99)