2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054782

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90075 014 ***150.00

1. Entity Name

BIZCLUBUSA.COM, INC.

Principal Place of Business
2520 N POWERLINE ROAD SUITE 301
POMPANO BEACH FL 33069

Mailing Address
2520 N POWERLINE ROAD SUITE 301
POMPANO BEACH FL 33069-1055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 555 SW 12 AVENUE
Suite, Apt. #, etc.: 101
City & State: POMPANO BEACH
Zip: 33069 Country: USA

3. Mailing Address: 555 SW 12 AVE
Suite, Apt. #, etc.: 101
City & State: POMPANO BEACH
Zip: 33069 Country: USA

4. FEI Number: 65-0540904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, BOB
2520 N POWERLINE ROAD SUITE 301
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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

TITLE	D, PRESIDENT ☐ Delete
NAME	COLLINS, ~~BOB~~ ROBERT W.
STREET ADDRESS	~~2520 N POWERLINE ROAD SUITE 301~~ 555 SW 12 AVE SUITE 101
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	SR. VP CORPORATE DEVELOPMENT ☐ Delete
NAME	STUART E. REBEN
STREET ADDRESS	555 SW 12 AVE. SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	ALFRED J. DIAS VP-MARKETING ☐ Delete
NAME	
STREET ADDRESS	555 SW 12 AVE. SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: _____ 4-25-2000 954-781-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #