

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054782

1. Entity Name

BIZCLUBUSA.COM, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91331 008 \*\*\*150.00

Principal Place of Business

555 SW 12 AVE  
#101  
POMPANO BEACH FL 33069

Mailing Address

555 SW 12 AVE  
#101  
POMPANO BEACH FL 33069

00053694

2. Principal Place of Business

10369 NW 16 COURT  
Suite, Apt. #, etc.

3. Mailing Address

10369 NW 16 COURT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

Zip

33071

Country

USA

City & State

Coral Springs, FL

Zip

33071

Country

USA

4. FEI Number

65-0940904

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: Bob Collins  
Street Address (P.O. Box Number is Not Acceptable)  
10369 NW 16 COURT  
City: Coral Springs FL Zip Code: 33071

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	COLLINS, BOB	
STREET ADDRESS	555 SW 12TH AVE STE 101	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPCD	<input checked="" type="checkbox"/> Delete
NAME	RESEN, STUART	
STREET ADDRESS	555 SW 12TH AVE. STE 101	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	DIAS, ALFRED J	
STREET ADDRESS	555 SW 12TH AVE. STE 101	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Collins	
STREET ADDRESS	10369 NW 16 COURT	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED J. DIAS	
STREET ADDRESS	10369 NW 16 COURT	
CITY-ST-ZIP	Coral Springs, FL 33071	
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 (10/00)