

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056182

1. Entity Name

HOST MONKEY, INC.

Principal Place of Business

C/O JORDAN LEVINSON
21257 ROCK RIDGE DR.
BOCA RATON FL 33428

Mailing Address

C/O JORDAN LEVINSON
21257 ROCK RIDGE DR.
BOCA RATON FL 33428-4875

2. Principal Place of Business

5500 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

5500 N FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33487

Country

USA

City & State

BOCA RATON FL

Zip

33487

Country

USA

4. FEI Number

65-0931760

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURSTEIN, JEFFREY
22054 LAS BRISAS
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name - JEFFREY RUSTILNIK

Street Address (P.O. Box Number is Not Acceptable)

5500 N. FEDERAL HIGHWAY

City BOCA RATON

FL

Zip Code 33487

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]

JEFFREY RUSTILNIK

4/5/00

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. ☐

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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] JORDAN LEVINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

(561) 998-5556

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90056 005 ***150.00



DO NOT WRITE IN THIS SPACE