

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000066884

1. Entity Name

BIZEDATA.COM, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90018 014 ***158.75

Principal Place of Business

Mailing Address

2200 CORPORATE BOULEVARD
SUITE 311
BOCA RATON FL 33431

2200 CORPORATE BOULEVARD
SUITE 311
BOCA RATON FL 33431-7307

2. Principal Place of Business

3. Mailing Address

2200 CORPORATE BLVD.
Suite, Apt. #, etc.
311

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-0936364

Applied For

Not Applicable

Zip

33431

Country

FLORIDA

Zip

Country

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

LERRO, VICTOR CPA
2600 N. MILITARY TRAIL, STE. 230
BOCA RATON FL 33431-9593

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CUSACK, MARTIN V
2200 CORPORATE BOULEVARD
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

MARTIN V. CUSACK 3/15/00 501-992-2411

Date

Daytime Phone #

CR2E034 (9/99)