

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067331

1. Entity Name

FLABASS.COM, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90074 024 \*\*\*150.00

Principal Place of Business

Mailing Address

3700 AIRPORT RD. SUITE 405  
BOCA RATON FL 33431

3700 AIRPORT RD. SUITE 405  
BOCA RATON FL 33431

2. Principal Place of Business

22761 Neptune Road  
Suite, Apt. #, etc.

3. Mailing Address

22761 Neptune Road  
Suite, Apt. #, etc.

City & State

Boca Raton, FL  
Zip 33428 Country USA

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Boca Raton, FL  
Zip 33428 Country USA

4. FEI Number 65-0950718

Applied For  
Not Applicable

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

POSNER, DAN  
3700 AIRPORT RD, SUITE 405  
BOCA RATON FL 33431

Name Posner, Dan  
Street Address (P.O. Box Number is Not Acceptable)  
22761 Neptune Road  
City Boca Raton FL Zip Code 33428

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

4/27/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, HAROLD 555 PIEDMONT L KINGS POINT DELRAY FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, DORA 555 PIEDMONT L KINGS POINT DELRAY FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, PAM 22761 NEPTUNE RD BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Posner PAM 22761 Neptune Road Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, DAN 22761 NEPTUNE RD BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Posner Dan 22761 Neptune Road Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, typed or printed name of signing officer or director)

Date

Daytime Phone #

4/27/2001 (561) 883-1361

CP2E034 (10/00)