

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

0357562

**DOCUMENT # P99000069648**

1. Entity Name  
**SWEEPSCLUB.COM, INC.**

FILED

00 APR 25 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**21301 POWERLINE ROAD  
#304  
BOCA RATON FL 33433**

Mailing Address  
**21301 POWERLINE ROAD  
#304  
BOCA RATON FL 33433-2391**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**550 FAIRWAY DR  
SUITE 203  
DEERFIELD BEACH, FL**

3. Mailing Address  
**550 FAIRWAY DR  
SUITE 203  
DEERFIELD BEACH, FL**

City & State  
**DEERFIELD BEACH, FL**

Zip  
**33441**

Country  
**US**

4. FEI Number  
**65-0949975**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAUFMAN, RICHARD 21301 POWERLINE ROAD #304 BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P KAUFMAN, RICHARD 550 FAIRWAY DR STE 203 DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003238179-1 -05/03/00-01131-002 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Victor Perro** Date: **4/21/00** Daytime Phone #: **561-995-0064**

CR2E034 (9/99)


☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, Richard Kaufman, President of Sweepsclub.com Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Sweepsclub.com Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

  
Signature

President  
Title

11-09-99  
Date

Richard Kaufman  
Printed name

KE