

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90063 028 ***158.75

DOCUMENT # P99000076673

1. Entity Name

UBUY BRANDS, INC.

Principal Place of Business

Mailing Address

1193 NW 114 AVENUE
 CORAL SPRINGS FL 33071

1193 NW 114 AVENUE
 CORAL SPRINGS FL 33071-6310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1744 COLONIAL DR

1744 COLONIAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33071

US

33071

US

4. FEI Number

☒ 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

Name

MARTIN, JENNY

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

1744 COLONIAL DR

City

CORAL SPRINGS

State

FL

Zip Code

33071

MARTIN, JENNY

1193 NW 114 AVENUE

CORAL SPRINGS FL 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's signature required on this statement)

DATE

[Signature]

4/25/00

JENNY MARTIN

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 | <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 |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVE BAZSULY |
| STREET ADDRESS | 1744 COLONIAL DR |
| 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 |
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| 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

954-227-5927

CF (1/14/99)