

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078239

1. Entity Name

WWW.FY2K OFF.COM INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90860 008 \*\*\*158.75

Principal Place of Business

Mailing Address

2800 E. COMMERCIAL BLVD.  
SUITE 208  
FORT LAUDERDALE FL 33308

2800 E. COMMERCIAL BLVD.  
SUITE 208  
FORT LAUDERDALE FL 33308-4228

2. Principal Place of Business

3. Mailing Address

19421 NW 10 Street  
Suite, Apt. #, etc.

19421 NW 10 Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Pembroke Pines, FL 33029		City & State Pembroke Pines, FL 33029		4. FEL Number 65-0953263	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country USA	Zip 33029	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, ALLEN H  
2800 E. COMMERCIAL BLVD.  
SUITE 208  
FORT LAUDERDALE FL 33308

Name: James Parker  
Street Address (P.O. Box Number is Not Acceptable): 19421 NW 10 Street  
City: Pembroke Pines FL Zip Code: 33029

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]* James W Parker, Vice President 4/28/00  
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. (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	P PARKER, JAMES 19421 NW 10TH STREET PEMBROKE PINES FL 33029 <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	V GORMLEY, JOHN C 621 ENFIELD ROAD DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* James W Parker, Vice President 4/28/00 954-430-2802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)