

2000 UNIFORM BUSINESS REPORT (UBR)

2

FILED

Apr 26, 2000 8:00 am
Secretary of State

02-07-2000 90012 026 ***150.00

DOCUMENT # P99000081311

1. Entity Name

THE BUYING MACHINE, INC.

Principal Place of Business

3200 SW 42ND STREET
HOLLYWOOD FL 33312

Mailing Address

3200 SW 42ND STREET
HOLLYWOOD FL 33312-6813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0959817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A
3200 SW 42ND STREET
HOLLYWOOD FL 33312

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, MICHAEL	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, BRUCE	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, ROBERT	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, SHARON	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PERLMAN

1/25/00

954-777-4000

Date

Daytime Phone #