

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087558

1. Entity Name

BAD BOX DIRECT, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90004 037 ***150.00

Principal Place of Business

3050 BISCAYNE BLVD
STE 1006
MIAMI FL 33137
US

Mailing Address
13727 SW 152nd STREET
SUITE# 409
MIAMI, FL 33177
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHARLES VAN HORN
3050 BISCAYNE BLVD.
SUITE# 1006
MIAMI, FL 33137

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VAN HORN, CHARLES
3050 BISCAYNE BLVD., SUITE# 1006
MIAMI, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V SPALLONE, TROY J
3050 BISCAYNE BLVD STE #1006
MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Y SPALLONE, SHARON L
3050 BISCAYNE BLVD STE 1006
MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S VAN HORN, DOLORES R.
3050 BISCAYNE BLVD., SUITE# 1006
MIAMI, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ 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.

Sharon L. Spallone

11/21/00

205-503-0349