

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90144 007 ***150.00

DOCUMENT # P99000089211

Entity Name

E-BUSINESS DEVELOPERS CORP.

Principal Place of Business

Mailing Address

**NORTHWEST 42ND COURT
 CORAL SPRINGS FL 33067**

**6440 NORTHWEST 42ND COURT
 CORAL SPRINGS FL 33067-3011**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

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

City

FL

Zip Code

**JOBLOVE, RICHARD P ESQ.
 NATURMAN & JOBLOVE, P.A.
 9500 SOUTH DADELAND BLVD., SUITE 610
 MIAMI FL 33156-2848**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID RAPPERPORT		NAME DAVID RAPPERPORT	
STREET ADDRESS		STREET ADDRESS 6440 NW 42 CT	
CITY-ST-ZIP		CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME ANDY MARTINEZ	
STREET ADDRESS		STREET ADDRESS 5851 LAGORCE CIRCLE	
CITY-ST-ZIP		CITY-ST-ZIP LAKE WORTH, FL 33463	
TITLE	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME DENNIS COX	
STREET ADDRESS		STREET ADDRESS 1200 INDIAN CHERRY LANE	
CITY-ST-ZIP		CITY-ST-ZIP FLOWER MOUND, TX 75028	
TITLE	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME CHRISTINA TRUGLIO	
STREET ADDRESS		STREET ADDRESS 6440 NW 42 CT	
CITY-ST-ZIP		CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINA TRUGLIO

25 APRIL 2000

Date

954-227-1155

Daytime Phone #

CR2E034 (9/99)