

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90202 028 ***150.00

DOCUMENT # P99000099266

1. Entity Name

NUMBERS@WORK, INC.

Principal Place of Business

**100 ALMERIA AVE., STE. 230
CORAL GABLES FL 33134**

Mailing Address

**100 ALMERIA AVE., STE. 230
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

902

City & State

Coral Gables FL

33134

Country

4. FEI Number

65-0977220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK, INC.

**222 LAKEVIEW AVE., STE. 400
WEST PALM BEACH FL 33402-3188**

7. Name and Address of New Registered Agent

Name

John S. Bohatch, Esq.

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

2600 Douglas Rd PH8

City

Coral Gables

FL

Zip Code

33134

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 of individual named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John S. Bohatch, Esq.

1/23/01

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, 2001 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	MR. PIETRA, MANUEL S PARTNER 2600 DOUGLAS ROAD, SUITE 902 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Schioppa Pietra, President

Date

Daytime Phone #

1/23/01

CR2E034 (10/00)