

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101622

1. Entity Name

BDAY.COM, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90008 032 \*\*\*150.00

Principal Place of Business

12550 BISCAYNE BLVD., STE. 405  
NORTH MIAMI FL 33181

Mailing Address

12550 BISCAYNE BLVD., STE. 405  
NORTH MIAMI FL 33181-2537

2. Principal Place of Business

c/o Alison Cohen

3. Mailing Address

c/o Alison Cohen

Suite, Apt. #, etc.

1025 Kane Concourse, Ste. 215

Suite, Apt. #, etc.

1025 Kane Concourse, Ste. 215

City & State

Bay Harbor Islands, FL

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. FEI Number

65-0967946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, HOWARD D  
12550 BISCAYNE BLVD., STE. 405  
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Howard D. Cohen

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

1025 Kane Concourse, Ste. #215

City

Bay Harbor Islands

FL

Zip Code

33154

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

4-23-2000

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 **Alison R. Cohen - President** ☐ Delete  
NAME **1025 Kane Concourse, Suite 215**  
STREET ADDRESS **Bay Harbor Islands, FL 33154**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

**Alison R. Cohen - President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

305-893-5245

Daytime Phone #

CR2E034 (9/99)