

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

pg. 1 of 2

00 SEP 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **79A0000106724**

1. Entity Name

BROSELOCALSITES.COM, INC
c/o MICHAEL W. MOORE

Principal Place of Business

Mailing Address-

4844 N.E. 11 Avenue
OAKLAND PARK FLORIDA 33334

Same

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

65-0979914

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

7. Name and Address of New Registered Agent

MICHAEL W. MOORE

Name

4844 N.E. 11 Avenue

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

OAKLAND PARK FLORIDA 33334

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

(X) Michael W. Moore

15-Sept-2000

(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 **Pres. D.** ☐ Delete
NAME **MICHAEL W. MOORE**
STREET ADDRESS **4844 N.E. 11 Avenue**
CITY-ST-ZIP **OAKLAND PARK FLORIDA 33334**

TITLE ☐ Change ☐ Addition
NAME **400003441874**
STREET ADDRESS **-10/27/00--01024--019**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

(X) Michael W. Moore

15-Sept-2000 (954) 471-1538

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)

Pg 2 of 2

BROWSELOCALSITES.COM, INC.
C/O MICHAEL W. MOORE
4844 NORTHEAST 11th AVENUE
FORT LAUDERDALE, FLORIDA 33334-3409
954 471-1538

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

August 12, 2000

Gentlemen:

On July 26, 2000, I contacted your office regarding the dissolution of my corporation.

As a result of your correspondence with me, I have recently found out that some of my other mail may have been lost, due to the fact that I was away at school and another business at this location may have received my mail.

Please direct future mail to me personally, at this location in your records.

Please reinstate my corporation, accept the completed uniform business report attached and the enclosed check in the amount of \$ 150.00.

Your attention to this matter is greatly appreciated.

Yours Truly,



Michael W. Moore
President