

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77562

1. Entity Name

MAKEIT, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90022 017 ***150.00

Principal Place of Business

Mailing Address

3501 UNIVERSITY DR.
~~SUITE 212~~
CORAL SPRINGS FL 33065
US

3501 UNIVERSITY DR.
~~SUITE 212~~
CORAL SPRINGS FL 33065-1662
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 209

Suite 209

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0320706

Applied For
Not Applicable

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

BIRNBACH, SHELDON
3501 UNIVERSITY DR.
~~SUITE 212~~ SUITE 209
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BIRNBACH, SHELDON
STREET ADDRESS 3501 UNIVERSITY DRIVE SUITE 209
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☐ Delete
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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:

Sheldon Birnbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/99

954-345-7195