

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90165 004 \*\*\*150.00

**DOCUMENT # P99000063124**

1. Entity Name  
**NETBYTEL.COM, INC.**

Principal Place of Business <b>6500 E ROGERS CIRCLE          BOCA RATON FL 33487</b>	Mailing Address <b>6500 E ROGERS CIRCLE          BOCA RATON FL 33487</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1141 S. ROGERS CIRCLE</b> Suite, Apt. #, etc. <b># 9</b> City & State <b>BOCA RATON FL</b>	3. Mailing Address <b>1141 S. ROGERS CIRCLE</b> Suite, Apt. #, etc. <b># 9</b> City & State <b>BOCA RATON FL</b>
---	---

Zip <b>33487</b>	Country <b>USA</b>	Zip <b>33487</b>	Country
---------------------	-----------------------	---------------------	---------

4. FEI Number <b>65-0936377</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KIRWAN, MICHAEL B**  
**50 NORTH LAURA STREET**  
**SUITE 2800**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 Name  
**EDWARDS + ANSELL, LLP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**250 ROYAL PALM WAY**  
**SUITE 300**  
 City  
**PALM BEACH** FL Zip Code  
**33480-4307**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete <b>PD</b> <b>ROBINSON, PAUL</b> <b>7485 CAMPO FLORIDO</b> <b>BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CD</b> <b>BERNSTEIN, NEIL</b> <b>6287 VIA PALLADIUM</b> <b>BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MESZNIK, JOEL</b> <b>470 MAIN ST STE 315</b> <b>RIDGEFIELD CT 06877</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>GELLERT, JAMES</b> <b>122 E 42ND ST</b> <b>NEW YORK NY 10168</b>
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 <b>PD</b> <b>ROBINSON, PAUL</b> <b>699 NE 4TH ST</b> <b>BOCA RATON - FL</b> <b>33432</b>
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
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

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: NEAL BERNSTEIN 11/9/01 561-988-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)