

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000043469****1. Entity Name**

THE PROPERTY NETWORK, INC.

**Principal Place of Business**

407 LINCOLN ROAD

S-R

MIAMI BCH

33139

FL

US

**Mailing Address**

407 LINCOLN ROAD

S-R

MIAMI BCH

33139

US

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****65-0583413****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**

WLMC REGISTERED AGENTS, INC.

701 BRICKELL AVENUE

SUITE 2000

MIAMI

33131

FL

US

**7. Name and Address of New Registered Agent****Name**

MOHIEDDIAN ZARIF

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

2401 COLLINS AVENUE

SUITE 1506

City  
MIAMI BEACH**FL****Zip Code**  
33140**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 MOHIEDDIAN ZARIF**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/24/2000**

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**

TITLE	VP	<input type="checkbox"/> Delete
NAME	ZARIF MOHIEDDIAN	
STREET ADDRESS	2401 COLLINS AVE., APT. 1506	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERRETI ALESSANDRO	
STREET ADDRESS	9 ISLAND AVENUE, APT 401	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Alessandro Ferretti**D:** 04/24/2000