

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90040 036 ***150.00

DOCUMENT # P99000103803

1. Entity Name

NETAVENUES.COM CORPORATION

Principal Place of Business

**4106 SABAL RIDGE CIRCLE
WESTON FL 33331**

Mailing Address

**4106 SABAL RIDGE CIRCLE
WESTON FL 33331**

2. Principal Place of Business

1371 Victoria Isle Drive

3. Mailing Address

1371 Victoria Isle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston Florida

City & State

Weston Florida

4. FEI Number

65-0972894

Applied For

Not Applicable

Zip

33327

Country

U.S.A.

Zip

33327

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAMBURELLO, REGINA

**4106 SABAL RIDGE CIRCLE
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

Regina Tamburello

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

1371 Victoria Isle Drive

City

Weston

FL

Zip Code

33327

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, 2002 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 **P** ☐ Delete
NAME **TAMBURELLO, REGINA**
STREET ADDRESS **4106 SABAL RIDGE CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **D** ☐ Delete
NAME **TAMBURELLO, CHUCK**
STREET ADDRESS **4106 SABAL RIDGE CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

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 **D** ☒ Change ☐ Addition
NAME **Tamburello, Regina**
STREET ADDRESS **1371 Victoria Isle Drive**
CITY-ST-ZIP **Weston, Florida 33327**

TITLE **D** ☒ Change ☐ Addition
NAME **Tamburello, Charles**
STREET ADDRESS **1371 Victoria Isle Drive**
CITY-ST-ZIP **Weston, Florida 33327**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)