2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2000 8:00 am DOCUMENT # **F97000005026 Secretary of State** 1. Entity Name FINANCIAL INTRANET, INC. 02-07-2000 90076 007 ***158.75 Principal Place of Business Mailing Address 410 SAWMILL RIVER RD 410 SAWMILL RIVER RD VUUTOWOO ARDSLEY NY 10502-2614 ARDSLEY NY 10502 2. Principal Place of Business 3. Mailing Address 116 Radio Circle 116 Radio Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 88-0357272 Mt. Kisco M+. W,510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 10549 10549 Fee Required Us A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -STEIN, BARRY Street Address (P.O. Box Number is Not Acceptable) 589 LAKEWORTH CIR. LAKE MARY FL 32746 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD TITLE TITLE ☐ Delete Rinker, Cores NAME NAME SHEPPARD, MICHAEL 116 Radio circle STREET ADDRESS STREET ADDRESS 410 SAWMILL RIVER RD CITY-ST-ZIP CITY-ST-ZIP Mt. Kikio. ARDSLEY NY 10502 ☐ Change □ Delete TITLE TITLE NAME MARX, MAURA NAME STREET ADDRESS 410 SAWMILL RIVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARDSLEY NY 10502 Delete TITLE TITLE NAME NAME SPAR, ALAN STREET ADDRESS STREET ADDRESS 410 SAW MILL RIVER RD CITY-ST-ZIP CITY-ST-ZIP AROSLEY NY 10502 TITLE Change M Defete TITLE NAME NAME ROSS. ALAN STREET ADDRESS STREET ADDRESS 410 SAW MILL RIVER RD CITY-ST-ZIP CITY-ST-ZIP AROSLEY NY 10502 Change C: TITLE ☐ Delete TITLE WELLER, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 15 ANDOVER AVE CITY-ST-ZIP CITY-ST-ZIP BRIDGEWATER NJ 08807 ☐ Delete TITLE ☐ Change TITLE NAME NAME ENGELBERGER, JOSEPH STREET ADDRESS STREET ADDRESS 109 TAUNTON HILL RD CITY-ST-ZIP CITY-ST-7IP NEWTOWN CT 06470

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

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Daytime Phone #