APPROVED
AND
FILED

00 MAY 26 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY.24.2000 12:47PM

ANNUAL REPORT BUSINESS REPORT (UBR)

DOCUMENT # F99000002213

1. Entity Name

Book Net Ltd. Corp.

Principal Place of Business

409 W. Hallandale Beach Blvd
Suite 206
Hallandale, Fl. 33009

Mailing Address

3741 NE 163rd St.
#108
N. Miami Beach 33160

2. Principal Place of Business

1470 N.W. 107th Ave.
Suite, Apt. #, etc.
Suite H
City & State
Miami Fl.
Zip 33172 Country USA/Dade

3. Mailing Address

PO Box 520655
Suite, Apt. #, etc.
City & State
Miami
Zip 33152 Country USA/Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-5548287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Roberta Cheshier
3741 NE. 163rd St. #108
N. Miami Beach 33160

7. Name and Address of New Registered Agent

Name Roberta Cheshier
Street Address (P.O. Box Number is Not Acceptable)
14524 S.W. 143 pl.
City Miami FL Zip Code 33186

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 _____ 3/24/00
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Treas / D
NAME	Roberta Cheshier
STREET ADDRESS	3741 NE 163rd St #108
CITY-ST-ZIP	North Miami Beach FL 33160

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

800003269563
-05/30/00--01002--011
****280.00 *****70.00

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Treasurer 3/24/00 Roberta Cheshier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR