

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005696

1. Entity Name

COM2NET INCORPORATED

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90980 023 ***150.00

Principal Place of Business

Mailing Address

225 GOLDEN BEACH BLVD.
GOLDEN BEACH FL 33160

225 GOLDEN BEACH BLVD.
GOLDEN BEACH FL 33160-2224

2. Principal Place of Business

3. Mailing Address

1020 NW 163 DR
Suite, Apt. #, etc.

1020 NW 163 DR
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33169

Country
USA

Zip
33169

Country
USA

4. FEI Number

65-0919191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required ☒

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERN, DAVID
4164 INVERRARY BLVD., SUITE 207
LAUDERHILL FL 33191

Name

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

City

FL

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$8.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
GRINMAN, SYLWIN
225 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MEIMOUN, ARIK
3000 ISLAND BLVD., APT. 2001
MIAMI FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOIBMAN, HENRY
527 THIRD AVENUE, SUITE 122
NEW YORK NY 10016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DOIBMAN, ALAN
527 THIRD AVENUE, SUITE 122
NEW YORK NY 10016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)