

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005696

1. Entity Name

COM2NET INCORPORATED

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90007 030 ***150.00

Principal Place of Business

1020 NW 163 DR
MIAMI FL 33169

Mailing Address

1020 NW 163 DR
MIAMI FL 33169

2. Principal Place of Business

2999 NE 191ST STREET

Suite, Apt. #, etc.

#709

City & State

AVENETURA, FL

Zip

33180

Country

USA

3. Mailing Address

2999 NE 191ST STREET

Suite, Apt. #, etc.

#709

City & State

AVENETURA, FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

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

HALPERN, DAVID

4164 INVERRARY BLVD., SUITE 207
LAUDERHILL FL 33191

7. Name and Address of New Registered Agent

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, 2001 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 PCD
NAME GRINMAN, SYLWIN
STREET ADDRESS 225 GOLDEN BEACH DRIVE
CITY-ST-ZIP GOLDEN BEACH FL 33160 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

CP2E034 (10/00)