

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90003 008 ***150.00

DOCUMENT # F99000005696 ✓

1. Entity Name

COM2NET INCORPORATED

824643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1080 NW 163 DR

Suite, Apt. #, etc.

3. Mailing Address

1080 NW 163 DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0919191

Applied For

Not Applicable

Zip

33169

Country

Zip

33169

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID HALPERN

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

1080 NW 163 DR

City

MIAMI

FL

Zip Code

33169

**DO NOT WRITE
IN THIS SPACE**

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 date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended UBR is \$6125

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	SYLWIN, GRIMMAN
STREET ADDRESS	225 GOLDEN BEACH DR
CITY-ST-ZIP	GOLDEN BEACH, FL 33160
TITLE	VP
NAME	ARIK MEIMOUN
STREET ADDRESS	3000 ISLAND BLVD APT 2001
CITY-ST-ZIP	MIAMI FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/02

Date

Daytime Phone #

CR2E034B (12/01)