

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90157 004 ***150.00

0128663

DOCUMENT # H21727

1. Entity Name

CONDO NET, INC.

Principal Place of Business

2100 PARK CENTRAL BLVD N
STE 200
POMPANO BCH FL 33064
US

Mailing Address

2100 PARK CENTRAL BLVD N
STE 200
POMPANO BCH FL 33064
US

2. Principal Place of Business

1489 W. PALMETTO PARK ROAD
Suite, Apt. #, etc.
#434

3. Mailing Address

1489 W. PALMETTO PARK ROAD
Suite, Apt. #, etc.
#434

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

59-2584848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSLER, MARK D
2100 PARK CENTRAL BLVD N
STE 500
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name

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

1489 W. PALMETTO PARK ROAD #434

City

Boca Raton, FL

FL

Zip Code

33486

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	V	<input type="checkbox"/> Delete
NAME	KINSLER, MARK	
STREET ADDRESS	2100 PARK CENTRAL BLVD N STE 500	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	P	<input type="checkbox"/> Delete
NAME	POSNACK, STANLEY	
STREET ADDRESS	2100 PARK CENTRAL BLVD N STE 500	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD #434
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD #434
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 (10/00)