

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007862

1. Entity Name

BIZBROKERNET, LLC

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -3 PM 1:25

Principal Place of Business

2803 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

Mailing Address

2803 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 NW 21ST TERR  
Suite, Apt. #, etc.

3. Mailing Address

5400 NW 21ST TERR  
Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL 33309

City & State

FT LAUDERDALE, FL 33309

4. FEI Number

65-0973880

Applied For

Not Applicable

Zip

Country

33309

Zip

Country

33309

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAGNETTA, ANDREW  
2803 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

5400 NW 21ST TERR

City

FORT LAUDERDALE

FL

Zip Code

33309

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

7/11/2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME Andrew Cagnetta  
STREET ADDRESS 5400 NW 21ST Terrace  
CITY-ST-ZIP Ft. Lauderdale FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/11/2000 954772-1122

CP2E083 (5/00)