

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001197

1. Entity Name

AMNET US L.L.C.

FILED

01 APR 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 CORPORATE DRIVE, SUITE 408
FT. LAUDERDALE FL 33334

Mailing Address

800 CORPORATE DRIVE, SUITE 408
FT. LAUDERDALE FL 33334

2. Principal Place of Business

12410 NW 39th St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

USA

Zip

Country

4. FEI Number

36-4233625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MICHAEL D. KAZMA

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

800 CORPORATE DRIVE

#408

City

FT. LAUDERDALE

FL

Zip Code

33334

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

3/23/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR KAZMA, MICHAEL D ☐ Delete
STREET ADDRESS 800 CORPORATE DRIVE, SUITE 408
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE NAME MGR KAZMA, GERALD J ☐ Delete
STREET ADDRESS 4343 COMMERCE COURT, #621
CITY-ST-ZIP LISLE IL 60532

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
NAME 800004084336-1
STREET ADDRESS -04/27/01--01037--022
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01

Date

Daytime Phone #

954/742-5733

CR2E083 (11/00)