

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 049 \*\*\*\*50.00

DOCUMENT # M00000001197

1. Entity Name  
**AMNET US L.L.C.**

Principal Place of Business

12410 NW 39TH ST  
CORAL SPRINGS FL 33065

Mailing Address

12410 NW 39TH ST  
CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



938852

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**KAZMA, MICHAEL D**  
**800 CORPORATE DRIVE., #408**  
**FT LAUDERDALE FL 33334**

I

Name  
**MICHAEL D. KAZMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**12410 NW 39th STREET**  
City **CORAL SPRINGS** **FL** Zip Code **33065**

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 **MICHAEL D. KAZMA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition  
NAME **MGR**  
STREET ADDRESS **KAZMA, MICHAEL D.**  
CITY-ST-ZIP **12410 NW 39th STREET**  
**CORAL SPRINGS, FL 33065**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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.

**Michael D. Kazma**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/02 954-323-0624

CR2E083 (9/01)