

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90133 047 \*\*\*\*61.25

**DOCUMENT # N96000005135**

1. Entity Name

**BIZNET EXCHANGE, INC.**

Principal Place of Business

Mailing Address

~~771 W OAK PK BLVD~~  
~~STE 142~~  
~~SUNRISE FL 33351~~  
~~US~~

~~771 W OAK PK BLVD~~  
~~STE 142~~  
~~SUNRISE FL 33351~~  
~~US~~

**A0046204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7667 W. Sample Rd #265**

3. Mailing Address

**7667 W. Sample Rd #265**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS**

City & State

**CORAL SPRINGS**

4. FEI Number

**65-0696687**

Applied For

Not Applicable

Zip

Country

**33065**

**U.S.**

Zip

Country

**33065**

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**BEHREN, SCOTT M ESQ.**  
**1221 BRICKELL AVENUE**  
**SUITE 1780**  
**MIAMI FL 33131**

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

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**MEDINA, HECTOR**  
**2871 N.W. 92ND AVENUE**  
**CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**COLE, ROBERT D**  
**9847 N.W. 48TH CT.**  
**CORAL SPRINGS FL 33076** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**MEANS, LAURENCE R.**  
**7667 WEST SAMPLE RD #265**  
**CORAL SPRINGS, FL 33065** ☒ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**ASHFORD, JANET**  
**8197 NW 6 ST**  
**CORAL SPRINGS FL 33071** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**COMEN, FRED**  
**3469 NW 55 ST**  
**FT LAUDERDALE FL 33309** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Laurence R. Means* **LAURENCE R. MEANS** 4-18-00 954-796-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)