

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006452

1. Entity Name

THE INTERNET FOUNDATION, INC.

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90198 020 \*\*\*\*61.25

Principal Place of Business

201 SOUTH BISCAYNE BLVD  
SUITE 850  
MIAMI FL 33131

Mailing Address

201 SOUTH BISCAYNE BLVD  
SUITE 850  
MIAMI FL 33131

00100304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957989

Applied For

Not Applicable

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

ROSSZ FIU CORPORATION  
201 SOUTH BISCAYNE BLVD  
SUITE 850  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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: FEE 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 ☐ Delete  
NAME D ROBERTS, LYNN H  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 850  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME D CHEEBEIN, JAN CARSON  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 850  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME *Correction*  
STREET ADDRESS CHEEZEM, JAN CARSON  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D SALGADO, WILLIAM  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 850  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Jan Carson Cheezem* REQUIRED *Jan Carson Cheezem 4/26/02 305 702 3000*

CR2E037 (9/01)