7/10/01 305-854-8504 Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 20, 2001 8:00 am

DOCUMENT # P0000003658 1. Entity Name ZERON NETWORK, INC.					Secretary of State 07-20-2001 90006 029 ***150.00			
Principal Place of Business 9450 S.W. 25TH DRIVE MIAMI FL 33165		Mailing Address 9450 S.W. 25TH DRIVE MIAMI FL 33165			T HERMOERI AN HEMAN BRAN BRANCERING BRAN	I 88 111 88188 4111 8 3 114	1 AHRI IAN 1801	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65 · 098 6368 Applied For Not Applicable			
Zip	Country	Zip	Country		Certificate of Status Desired -	\$8.75 Ac		
	6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	7. 1	Name and Address of New Regist			
ZERON, FREDDY S 9450 S.W. 25TH DRIVE MIAMI FL 33165			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
		City .		•		FL Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regi	stered ag	gent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature req	uired when re	einstating)	DATE		
Tax filling requirement and elects to do so. After September 12			FEE IS \$550.00 2001 Fee will be \$750.00 to Department of State		10. Election Campaign Financin Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FREDDY 3. ZERON 9450 SW 25 DR MIAMI, PL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRESIDENT - SECRE V.RGINIA ZERON 9450 SW 25 BRIVE MIAMIL FL 33165	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TETT I ALL PORT MERCEN TO THE TETTE OF THE T	Ďelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	المناسبة والمناسبة		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trusfee empowers.	nis filing does not qualify for the ue and accurate and that my eredge execute this report as	CITY-ST-ZIP e exemption stated in signature shall have to required by Chapter in the control of	Section 1 he same I 607, Florid	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name app	er certify that the i hat I am an office ears in Block 11 c	nformation r or director or Block 12 if	

Zeron Network 9450 S.W. 25 Drive • Miami, FL 33165



Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

I received the attached notice of administrative dissolution and fee reinstatement and respectfully disagree with this notice.

On April 20, 2001, I mailed the required annual report form together with check #1059 in the amount of \$150.00 representing the filing fee.

At the receipt of this notice - I reviewed the account statement in search of the canceled check and realize that check #1059 has not been processed. Obviously, there has been some error within your office. I mailed the items in the pre-printed envelope enclosed with the form and have not received the envelope back.

I am enclosing another check for same amount and would appreciate your processing this payment as originally intended.

If you have any questions, or need further information, please do not hesitate to contact me at (305) 854-8504.

Sincerely,

Freddy Zeron

President

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