

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90252 050 \*\*\*150.00

## DOCUMENT #

1. Entity Name  
**WALNET, INC.**

*P00000008947*

**A0068446**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1428 BRICKELL AVE**  
**SUITE 105**  
**MIAMI FLORIDA 33131**

Mailing Address  
**1428 BRICKELL AVE**  
**SUITE 105**  
**MIAMI FLORIDA 33131**

2. Principal Place of Business  
**SAME**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1035565**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

### 6. Name and Address of Current Registered Agent

**HALPRYN, ERNEST M**  
**1428 BRICKELL AVE #105**  
**MIAMI FL 33131**

### 7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

### 11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HALPRYN, ERNEST M	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HALPRYN, GLENN L	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	<del>HOERNER, JUDITH A</del>	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	WEISBERG, ALAN JAY	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Delete
NAME	HURTADO, ELLISA	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SERGIO M DEVECCHI	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL 33131	

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

305 371-4112

SIGNATURE:

**ERNEST M HALPRYN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 26, 2001**

Date

Daytime Phone #

CR2E034 (11/00)