

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000014762**

1. Entity Name

**ZERO ONE NETWORK CORPORATION**

Principal Place of Business

**225 NE 135 ST.  
MIAMI FL 33161**

Mailing Address

**225 NE 135 ST.  
MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0982 666**

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****HOQUE, AMINUL  
9913 N. GRAND DUKE CIR.  
TAMARAC FL 33321**

Name

**1515 NW 167 STREET**

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

City

**MIAMI****FL**

Zip Code

**33167**

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  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	AMINUL HOQUE	9913 N Grand Duke Cir	TAMARAC FL		
V.P.	SHAHEN MAHMUD	11193 NW 17TH PL	CORAL SPGS FL 33319		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/04/01 305 626 2960****FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90050 023 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)