

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90056 016 ***150.00

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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

1515 NW 167 ST STE 135

Suite, Apt. #, etc.

MIAMI, FL

City & State

3. Mailing Address

1515 NW 167 ST.

Suite, Apt. #, etc.

135

City & State

MIAMI, FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0982666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOQUE, AMINUL
1515 NW 167 STREET
STE 135
MIAMI FL 33167**

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, 2002 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

TITLE **P** ☐ Delete
NAME **HOQUE, AMINUL**
STREET ADDRESS **9913 N GRAND DUKE CIR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VP** ☐ Delete
NAME **MAHMUD, SHAHEEN**
STREET ADDRESS **11193 NW 17TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02
Date

305 626 2960
Daytime Phone #

CR2E034 (9/01)