2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State P00000037273 DOCUMENT # 1. Entity Name 05-27-2002 90322 026 ***150 00 NETADS OF SO. FLA., INC. Mailing Address Principal Place of Business 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) SUITE A-44 SLITTE A-44 **BOCA RATON FL 33431 BOCA RATON FL 33431** Principal Place of Business 3. Mailing Address COL PARK OF DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1000633 City & State Not Applicable OA \$8.75 Additional Country Country Zio \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRYN, MARK J Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD. SUITE #3599 Zip Code **MIAMI FL 33131** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE CEOD ☐ Detete TITLE NAME LEVINSON, LAWRENCE NAME 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete PD TITLE NAME KLINE, ROBERT NAME 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IF ☐ Change ☐ Addition Delete VPD TITLE TITLE NAME GARLIN. BARRY NAME STREET ADDRESS 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) STREET ADDRESS CITY-ST-ZIE **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition Change Delete **VPD** TITLE TITLE BROOKS, NICKLAUS NAME NAME 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAGNO, MIKE NAME NAME 3350 N.W. BOCA RATON BLVD. (NW 2ND AVE.) STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

all other like empowered.

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

changed, or on an attachment with an add

SIGNATURE: