

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000039077**

1. Entity Name

**MIAMI SMALL BUSINESS NETWORKS, INC.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91303 012 \*\*\*150.00

Principal Place of Business

**1450 NORTH MIAMI AVENUE  
MIAMI FL 33136**

Mailing Address

**1450 NORTH MIAMI AVENUE  
MIAMI FL 33136**

001403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~20533~~ **20533 Biscayne Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**269**

City &amp; State

**Aventura, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

**33180**

Country

**DADE**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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**Name **Anton Resnick**

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

**20533 Biscayne Blvd****Suite # 269**

City

**Aventura****FL**Zip Code  
**33180**

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

**Anton RESNICK, President****04/24/2001**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 |
|-------|----------|-------------------------|--|---------------------------------|
|       | <b>D</b> | <b>RESNICK, ANTON</b>   | <b>20310 NORTHEAST 3RD COURT #1<br/>NORTH MIAMI BEACH FL 33179</b> | <input type="checkbox"/>        |
|       | <b>D</b> | <b>RESNICK, RAYMOND</b> | <b>1450 NORTH MIAMI AVENUE<br/>MIAMI FL 33136</b>                  | <input type="checkbox"/>        |
|       |          |                         |  | <input type="checkbox"/>        |
|       |          |                         |  | <input type="checkbox"/>        |
|       |          |                         |  | <input type="checkbox"/>        |
|       |          |                         |  | <input type="checkbox"/>        |
|       |          |                         |  | <input type="checkbox"/>        |

| TITLE | NAME     | STREET ADDRESS        | CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|----------|-----------------------|---|--|
|       | <b>D</b> | <b>RESNICK, ANTON</b> | <b>20533 Biscayne Blvd, Suite # 269<br/>Aventura, FL, 33180</b> | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |
|       |          |                       |   | <input type="checkbox"/>   |

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/2001**  
Date**305 75 35 858**  
Daytime Phone #

CR2E034 (10/00)