

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

DOCUMENT # P00000048746

1. Entity Name

IN THE NET. INC.

(NA)

05-18-2001 91776 001 ***150.00
 05-18-2001 91776 002 *****8.75

Principal Place of Business
C/O MICHAEL ORTIZ
328 MINORCA AVENUE SECOND FLOOR
CORAL GABLES FL 33134

Mailing Address
C/O MICHAEL ORTIZ
328 MINORCA AVENUE SECOND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3184 La Mirage Drive
 Suite, Apt. #, etc.

City & State
Lauderhill, FL

Zip
33319

Country
USA

4. FEI Number
65-103754625612

Applied For
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ORTIZ, MICHAEL
328 MINORCA AVENUE
SECOND FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Hanna Sturm**
 Street Address (P.O. Box Number is Not Acceptable)
3184 La Mirage Drive
 City **Lauderhill** FL Zip Code **33319**

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 **Hanna Sturm** (NOTE: Registered Agent signature required when reinstating)
 DATE **04-30-2001**

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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Hanna Sturm		STREET ADDRESS	President NA	
CITY-ST-ZIP	3184 La Mirage Drive		CITY-ST-ZIP		
	Lauderhill FL 33319				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Vice President		STREET ADDRESS		
CITY-ST-ZIP	Hanna Sturm		CITY-ST-ZIP		
	3184 La Mirage Drive				
	Lauderhill FL 33319				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Hanna Sturm** (Signature and typed or printed name of signing officer or director)
 Date **04-30-2001** (954) 746-4683

CR2E034 (10/00)