2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 AUG 17 PM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080345

1. Entity Name
SOUTH FLORIDA REALTY NETWORK.COM INC.

Principal Place of Business	Mailing Address
933 SW MULBERRY WAY BOCA RATON FL 33486	933 SW MULBERRY WAY BOCA RATON FL 33486

2. Principal Place of Business		3. Mailing Address	
398 W. Camino Gdns Blvd			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33432	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE
05-07-01 90033029 $150

4. FEI Number 65-1112493 ☐ 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
TOMAZIN, JENNIFER 933 SW MULBERRY WAY BOCA RATON FL 33486	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] President 8-1-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	President Jennifer Tomazin 933 sw Mulberry Way Boca Raton, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 8/1/01 561-391-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)