

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90326 012 ***150.00

DOCUMENT # P01000018627

1. Entity Name
INTERNET PIPELINE CORPORATION



Principal Place of Business
35 S.W. 86TH AVE.
MIAMI FL 33144

Mailing Address
C/O ROSS TRAGER
1000 N. HIATUS STE 110
PEMBROKE PINE FL 33026



2. Principal Place of Business

4821 Coconut Creek Parkway
Suite, Apt. #, etc. #153

City & State
Coconut Creek, FL.

Zip **33063** **Country** **USA**

3. Mailing Address

4821 Coconut Creek Parkway
Suite, Apt. #, etc. #153

City & State
Coconut Creek, FL.

Zip **33063** **Country** **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1081968**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAGER, ROSS
1000 N. HIATUS ROAD
SUITE 110
PEMBROKE PINES FL 33026

John Tellez
4821 Coconut Creek Parkway
Suite #153
Coconut Creek, FL 33063

7. Name and Address of New Registered Agent

Name **John Tellez**
Street Address (P.O. Box Number is Not Acceptable) **4821 Coconut Creek Parkway**
Suite #153
City **Coconut Creek** **FL** **Zip Code** **33063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **TELLEZ, JOHN**
STREET ADDRESS **4821 COCONUT CREEK PKWY NO 153**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **VP** ☐ **Delete**
NAME **SUMRALL, CHRISTOPHER**
STREET ADDRESS **4038 EASTRIDGE DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33064**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

3/20/03 **954-270-5984**
Date Daytime Phone #

CR2E034 (10/02)