

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90089 009 ***158.75

DOCUMENT # P01000019435

1. Entity Name
NATIONAL ONLINE SERVICES, INC.

Principal Place of Business
13500 N KENDALL DRIVE SUITE 129
MIAMI FL 33186

Mailing Address
13500 N KENDALL DRIVE SUITE 129
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11900 Biscayne Blvd
 Suite, Apt. #, etc.
#262

3. Mailing Address
11900 Biscayne Blvd
 Suite, Apt. #, etc.
#262

City & State
MIAMI, FL
 Zip
33181
 Country
U.S.

City & State
MIAMI, FL
 Zip
33181
 Country
U.S.

4. FEI Number
65-1079407

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, DAVID M
13500 N KENDALL DRIVE SUITE 129
MIAMI FL 33186

7. Name and Address of New Registered Agent

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, 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 \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, SHELDON 101 SHOAL CREEK DRIVE BLUE BELL PA 19422	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President William Rhodes 11900 Biscayne Blvd #262 MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, CEO 11900 Biscayne Blvd #262 MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JASON MYATT 11900 Biscayne Blvd #262 MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02 305-503-8611

CR2E034 (9/01)