

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90001 045 \*\*\*150.00

**DOCUMENT # P01000070467**

1. Entity Name

**WELL CONNECTED NETWORKS, INC.**

Principal Place of Business

Mailing Address

3728 CAPETOWN DRIVE  
 ORLANDO, FL 32817

3728 CAPETOWN DRIVE  
 ORLANDO, FL 32817



2. Principal Place of Business

149 Reserve Cir.

3. Mailing Address

149 Reserve Cir.

Suite, Apt. #, etc.

Suite 213

Suite, Apt. #, etc.

Suite 213

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32765

Country

U.S.A.

Zip

32765

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3731626

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

Name

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

City

**FL**

Zip Code

**SPIEGEL & UTRERA, P.A.**  
**1840 SOUTHWEST 22 ST**  
**4TH FLOOR**  
**MIAMI FL 33145**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
 NAME **AROUH, ILLONNE A**  
 STREET ADDRESS **3728 CAPETOWN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **PSD** ☐ Change ☐ Addition  
 NAME **AROUH, ILLONNE A**  
 STREET ADDRESS **149 Reserve Cir Suite 213**  
 CITY-ST-ZIP **ORLANDO, FL 32765**

TITLE **VTD** ☐ Delete  
 NAME **GOLDMAN, DAVID A**  
 STREET ADDRESS **3728 CAPETOWN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VTD** ☐ Change ☐ Addition  
 NAME **GOLDMAN, DAVID A**  
 STREET ADDRESS **149 Reserve Cir Suite 213**  
 CITY-ST-ZIP **ORLANDO, FL 32765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **DAVID A Goldman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-29-02 407 5950897**

Date Daytime Phone #

CR2E034 (9/01)