

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91557 039 ***158.75

DOCUMENT # P01000084548

1. Entity Name
ACOUSTINET, INC.

Principal Place of Business
2009 SE 10TH AVENUE
SUITE 305
FORT LAUDERDALE FL 33316

Mailing Address
2009 SE 10TH AVENUE
SUITE 305
FORT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10650 NE 10 COURT
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
MIAMI SHORES
FL
33138

City & State
SAME
FL
33138

4. FEI Number
71-0870209
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VENET, CLAUDE
~~**2009 SE 10TH AVENUE**~~
~~**SUITE 305**~~
~~**FORT LAUDERDALE FL 33316**~~

7. Name and Address of New Registered Agent

Name
VENET,
Street Address (P.O. Box Number is Not Acceptable)
10650 NE 10 COURT
City **MIAMI SHORES** **FL** **Zip Code** **33138**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VENET, CLAUDE**
STREET ADDRESS ~~**2009 SE 10TH AVENUE SUITE 305**~~
CITY-ST-ZIP ~~**FORT LAUDERDALE FL 33316**~~

TITLE **SD** ☒ Delete
NAME **HERNANDEZ, OSWALDO**
STREET ADDRESS **2009 SE 10TH AVENUE SUITE 305**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD, TS, SC.** ☒ Change ☐ Addition
NAME **VENET, CLAUDE**
STREET ADDRESS **10650 NE 10 COURT**
CITY-ST-ZIP **MIAMI SHORES - FL 33138**

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

TITLE ☐ Change ☐ Addition
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NAME
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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/02 **305 899 6900**
 Date Daytime Phone #

0324582 AV

CR2E034 (9/01)