

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000005613

1. Entity Name

PROMO NET INTERNATIONAL, INC.



Amtd \$900.00

DUE FILED

04 APR 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

735 SILVER CLOUD CIRCLE
STE #205/MAILBOX #166
LAKE MARY FL 32746

Mailing Address

735 SILVER CLOUD CIRCLE
STE #205/MAILBOX #166
LAKE MARY FL 32746

2. Principal Place of Business

~~325 Meridian Ave~~
Suite, Apt. #, etc.
#14

3. Mailing Address

~~325 Meridian Ave~~
Suite, Apt. #, etc.
#14

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

03-04

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

30-0025263

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, MICHAEL E

735 SILVER CLOUD CIRCLE STE #205
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

~~John A. Smiley~~ Michael Mathews

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

325 Meridian Ave
Suite #14

City

Miami Beach

FL

Zip Code
33139

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

John A. Smiley Secretary/Pres.

04/05/04

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, MICHAEL E	
STREET ADDRESS	735 SILVER CLOUD CIRCLE #205	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Smiley #14	
STREET ADDRESS	325 Meridian Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Mathews	
STREET ADDRESS	325 Meridian Ave #14	
CITY-ST-ZIP	Miami, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John A. Smiley Secretary/Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04

(305) 776-0911

Date

Daytime Phone #

CR2E034 (4/03)