

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P95000009487

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-02-2000 90154 041 ***150.00

1. Entity Name

AUSNET SECURITY INTELLIGENCE, INC.

Principal Place of Business

19553 N.W. 2ND AVENUE
MIAMI FL 33169

Mailing Address

19553 N.W. 2ND AVENUE
MIAMI FL 33169-3335

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 69-4302

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Miami, FL

Zip

33269

Country

U.S.A.

4. FEI Number

65-0567186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EKPETI, AUGUSTIN S
20300 N.W. 33RD COURT
MIAMI, FL 33056

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	EKPETI, CONNIE S	
STREET ADDRESS	20300 N.W. 33RD COURT	
CITY-ST-ZIP	MIAMI FL 33056	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delster, Nadine C	
STREET ADDRESS	18140 N.W. 27th Avenue, #201	
CITY-ST-ZIP	Miami, FL 33054	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00

Date

(305) 626-0015 or

(305) 626-0015 or

(305) 626-0015 or

(305) 622-3777

Nadine Delster - Nadine Delster, 5/19/00
President

CR2E034 (9/99)