

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027918

1. Entity Name

CONFINET GROUP, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90060 001 ***150.00

Principal Place of Business

2669 E. COMMERCIAL BLVD.
SUITE 202
FT. LAUDERDALE FL 33308

Mailing Address

P.O. BOX 14458
FT. LAUDERDALE FL 33302-4458

2. Principal Place of Business

3. Mailing Address

20 Seneca Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT Lauderdale, FL

Zip

Country

Zip
33308

Country
USA

4. FEI Number 65-0588693

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

MULLEN, JOSEPH P ESQ
2419 EAST COMMERCIAL BLVD., SUITE 302
FT. LAUDERDALE FL 33308

Name Robert C. Motta

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

2669 E. Commercial Blvd Suite 201

City FT Lauderdale, FL Zip Code 33308

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

Joseph P. Mullen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MOTTA, ROBERT C
STREET ADDRESS 2669 E COMMERCIAL BLVD #201
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Robert C. Motta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2000

954-202-0051

CR20004 (9/99)