

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000043469**

1. Entity Name  
**THE PROPERTY NETWORK, INC.**

Principal Place of Business 407 LINCOLN ROAD S-R MIAMI BCH 33139 US	FL	Mailing Address 407 LINCOLN ROAD S-R MIAMI BCH 33139 US	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0583413</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WLMC REGISTERED AGENTS, INC.**  
**701 BRICKELL AVENUE**  
**SUITE 2000**  
**MIAMI** FL  
**33131** US

7. Name and Address of New Registered Agent

Name  
**MOHIEDDIAN ZARIF**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2401 COLLINS AVENUE**  
**SUITE 1506**  
 City  
**MIAMI BEACH** FL Zip Code  
**33140**

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 **MOHIEDDIAN ZARIF** DATE **04/24/2000**  
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 VP	<input type="checkbox"/> Delete	
NAME ZARIF MOHIEDDIAN		
STREET ADDRESS 2401 COLLINS AVE., APT. 1506		
CITY-ST-ZIP MIAMI BEACH FL		
TITLE DP	<input type="checkbox"/> Delete	
NAME FERRETI ALESSANDRO		
STREET ADDRESS 9 ISLAND AVENUE, APT 401		
CITY-ST-ZIP MIAMI BEACH FL		
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	<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		
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: Alessandro Ferretti

04/24/2000