

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047362

1. Entity Name

NET GROUP OF PALM BEACH, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90114 050 ***155.00

Principal Place of Business

521 N OLD DIXIE HWY
TEQUESTA FL 33469-2344
US

Mailing Address

521 N OLD DIXIE HWY
TEQUESTA FL 33469-2344
US

B0041251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0605139**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTHENBERG, JUDITH A
521 N OLD DIXIE HWY
JUPITER FL 33469-2344

7. Name and Address of New Registered Agent

Name

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

City

TEQUESTA

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

Judith A Rothenberg

09/23/01

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

(NOTE: Registered Agent signature required when restate.)

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, BRUCE M	
STREET ADDRESS	11586 SE PLANDOME DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, JUDITH A	
STREET ADDRESS	11586 SE PLANDOME DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	521 OLD DIXIE HWY.	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	521 OLD DIXIE HWY.	
CITY-ST-ZIP	TEQUESTA, FL 33469	
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:

Judith A Rothenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/01

Date

561-743-9974

Daytime Phone #

CR2E034 (10/00)