

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091352

1. Entity Name

INTERNET BILLING CORP.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90148 050 ***150.00

0284525

Principal Place of Business

ATTN: TIM ARNEL
5701 PINE ISLAND RD #300
FT LAUDERDALE FL 33321
US

Mailing Address

5701 PINE ISLAND RD
STE #300
FT LAUDERDALE FL 33321
US

00044343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ATTN: Edward Cherry

3. Mailing Address

Suite, Apt. #, etc.

5701 Pine Island Rd. #300

City & State

FT LAUDERDALE FL

Zip

33321 USA

Country

4. FEI Number 65-0628303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, EDWARD
5701 PINE ISLAND RD #240
FT LAUDERDALE FL 33321

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, 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	D	<input type="checkbox"/> Delete
NAME	ANGEL, ALBERT J	
STREET ADDRESS	1801 SO. FEDERAL HIGHWAY STE 300	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERRY, ERIC	
STREET ADDRESS	1801 S FEDERAL HWY #300	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ARNEL, TIM	
STREET ADDRESS	5701 PINE ISLAND RD #300	
CITY-ST-ZIP	FT LAUDERDALE FL	
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 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	
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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Angel, Director

Date

4/26/2001

Daytime Phone #

954.597.0251

CR2E034 (10/00)