

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90061 012 ***150.00

DOCUMENT # P96000030586

1. Entity Name

PICK INTERNET CONNECTIONS, INC.

Principal Place of Business

6574 N STATE RD 7
 SUITE 178
 COCONUT CREEK FL 33073
 US

Mailing Address

6574 N STATE RD 7
 SUITE 178
 COCONUT CREEK FL 33073
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664022

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

ALTMANN, PAUL

~~8814 B SW 22ND ST~~~~BOCA RATON FL 33433~~

Name

PAUL ALTMANN

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

2200 NW CORPORATE BLVD #403

City

Boca Raton

FL

Zip Code

33431

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

3/6/02

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, 2002 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 VPTD ☐ Delete
 NAME ALTMANN, PAUL
 STREET ADDRESS ~~8814 B SOUTH WEST 22ND STREET~~
 CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6574 N. STATE RD 7
 CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE PSD ☐ Delete
 NAME PICK, THOMAS
 STREET ADDRESS 10109 AQUA VISTA WAY
 CITY-ST-ZIP BOCA RATON 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
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/02

261-998-3211

CR2E034 (9/01)