## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 19, 2000 8:00 am Secretary of State DOCUMENT # P9600036735 1. Entity Name 05-19-2000 90013 021 \*\*\*150.00 NETMART, INC. Principal Place of Business Mailing Address C/O MARK HANKINS 1221 BRICKELL AVE. OPECEUUJ 1221 BRICKELL AVE. #900 SUITE 900 MIAMI FL 33131-3258 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 98-0162476 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE STE. 900 MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITI F ☐ Delete DAHAN, JAMES NAME STREET ADDRESS STREET ADDRESS 1355 WEBB AVE. CITY-ST-ZIP CITY-ST-ZIP LAVAL QUEBEC H7W 3R6 CANADA Addition ☐ Delete TITLE Change TITLE EDERY, JACK NAME NAME 978 EDWARD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAVAL QUEBEC H7W 3R6 CANADA ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOLDBERG, NORMAN NAME NAME STREET ADDRESS 815 100TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAVAL QUEBEC H7W 3Z9 CANADA □ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

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NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #