

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050649

1. Entity Name

INTERNET GLOBAL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90117 001 ***300.00

Principal Place of Business

440 E. SAMPLE ROAD
SUITE 204
POMPANO FL 33064

Mailing Address

PO BOX 630-698
MIAMI FL 33163-0698

2. Principal Place of Business

757 SE 17th St.

3. Mailing Address

757 SE 17th St

Suite, Apt. #, etc.

#827

Suite, Apt. #, etc.

#827

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

Zip

33316

Country

Broward

Zip

33316

Country

Broward

4. FEI Number

65-0712962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEL, TED
780 NE 199TH ST E202
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Ted Hendel

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

757 S.E. 17th St #827

City

Ft. Lauderdale

FL

Zip Code

33316

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

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

TED HENDEL

(NOTE: Registered Agent signature required when reinstating)

4/4/2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	DEMOCITI, GEORGE	
STREET ADDRESS	8143 MIZNER LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDEL, TED	
STREET ADDRESS	780 NE 199TH ST E202	
CITY-ST-ZIP	MIAMI FL 33179	
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		
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	Demociti, George	
STREET ADDRESS	8143 Mizner Lane	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Hendel	
STREET ADDRESS	7640 NW 6th St	
CITY-ST-ZIP	Plantation, FL 33324	
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:

Ted Hendel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/2000

Daytime Phone #

954-423-9400

CR2E034 (9/99)