

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058602

1. Entity Name

USNET CORPORATON

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90008 015 ***150.00

Principal Place of Business	Mailing Address
3155 PONCE DE LEON BLVD SUITE 206 CORAL GABLES FL 33134 US	PO BOX 141736 SUITE 206 CORAL GABLES FL 33114-1736 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 CATALONIA AVENUE SUITE, Apt. #, etc. SUITE 605	P. O. Box 141736 SUITE, Apt. #, etc.
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country US
Zip 33114	Country US

4. FEI Number	65-0680185	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TRAVIESO, JOSE R JR.
 3155 PONCE DE LEON BLVD
 SUITE 206
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name TRAVIESO, JR., JOSE R.
 Street Address (P.O. Box Number is Not Acceptable)
 250 CATALONIA AVENUE, SUITE 605
 City CORAL GABLES FL Zip Code 33134

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 _____ (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.

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 type="checkbox"/> Delete
NAME	TRAVIESO, JOSE R. JR.
STREET ADDRESS	3155 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, JR., JOSE R.
STREET ADDRESS	250 CATALONIA AVENUE, SUITE 605
CITY-ST-ZIP	CORAL GABLES, FL 33134
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: Jose R. Travieso, Jr. Date: 3.29.00 Daytime Phone #: 3054419966

CR2E034 (9/99)