

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070002

1. Entity Name

FORT LAUDERDALE NETWORK CORPORATION

Principal Place of Business

1299 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

Mailing Address

1299 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334-4813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~RICHARD A. MORGAN~~
~~167 UNION FINANCIAL CTR~~
~~20TH FLOOR~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
PAULA J. GAMBRILL
Street Address (P.O. Box Number is Not Acceptable)
1299 E. COMMERCIAL BLVD.
City **FT. LAUDERDALE** FL Zip Code **33334**

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 PAULA J. GAMBRILL **PAULA J. GAMBRILL, P.** 5/1/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P GAMBRILL, PAULA 1299 E COMMERCIAL BLVD 2ND FLOOR FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

PAULA J. GAMBRILL **PAULA J. GAMBRILL, PRESIDENT**

Date

Daytime Phone #

FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 011 ***558.75

A0075190



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)