

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071927

1. Entity Name

NETWORK RESOURCES ENTERPRISES INC.

Principal Place of Business  
3529 NE 171ST STREET  
NORTH MIAMI BEACH FL 33160

Mailing Address  
285 NW 199TH STREET  
SUITE 204  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address  
**GELBER & COMPANY**

285 NW 199th STREET, #204  
MIAMI, FL 33169

Suite, Apt. #, etc.

City & State

City & State **305-651-8000**

Zip

Country

Zip

Country

4. FEI Number **65-0713930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AUGENSTEIN, COREY**  
3529 NE 171ST STREET  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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, 2001 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**  
NAME **AUGENSTEIN, COREY**  
STREET ADDRESS **3529 NE 171ST STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: *Corey Augenstein*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90021 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)