

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037147

1. Entity Name

NATIONAL ASSOCIATION OF NETWORKED ATTORNEYS, INC

FILED

00 NOV -8 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10213 VESTAL COURT
CORAL SPRINGS FL 33071

Mailing Address

10213 VESTAL COURT
CORAL SPRINGS FL 33071

2. Principal Place of Business

1601 N. Harrison Pkwy

3. Mailing Address

1601 N. Harrison Pkwy

Suite, Apt. #, etc.

200 A

Suite, Apt. #, etc.

200 A

City & State

Sunrise, FL

City & State

Sunrise FL

Zip

33323

Country

USA

Zip

33323

Country

USA

REINSTATEMENT

2002

4. FEI Number

65-0770704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERL, BRETT
10213 VESTAL COURT
CORAL SPRINGS FL 33071

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

11.9.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME MERL, BRETT
STREET ADDRESS 10213 VESTAL COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE ST
NAME COHEN, M J
STREET ADDRESS 1500 NW 62 ST
CITY-ST-ZIP FT. LAUD. FL 33309

☒ Delete

TITLE VP
NAME RUTLEDGE, P
STREET ADDRESS 1500 NW 62 ST
CITY-ST-ZIP FT LAUD FL 33309

☒ Delete

TITLE VP
NAME RUTLEDGE, P
STREET ADDRESS 1500 NW 62 ST
CITY-ST-ZIP FT LAUD FL 33309

☒ Delete

TITLE DIST
NAME Michael Samach
STREET ADDRESS 1601 N Harrison Pkwy 200A
CITY-ST-ZIP Sunrise, FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Michael Samach 10/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9542670445

CR2E034 (5/00)