

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038626

1. Entity Name

NETVERTISE, INC.

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

03-04-2000 90071 049 ***150.00

Principal Place of Business

17100 COLLINS AVE.

214

MIAMI BEACH FL 33160

Mailing Address

17100 COLLINS AVE.

214

MIAMI BEACH FL 33160-3675

2. Principal Place of Business

2801 N.E. 208TH TERR.

Suite, Apt. #, etc.

2ND FLOOR

3. Mailing Address

2801 N.E. 208TH TERR.

Suite, Apt. #, etc.

2ND FL.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0761663

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRASNOW, ELLIOT

17100 COLLINS AVE.

214

MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

ELLIOT KRASNOW

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

2801 N.E. 208TH TERRACE

2ND FLOOR

City

MIAMI

FL

Zip Code

33180

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

Elliot Krasnow Elliot Krasnow

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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	D	<input type="checkbox"/> Delete
NAME	KRASNOW, ELLIOT	
STREET ADDRESS	17100 COLLINS AVE., STE. 214	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOT KRASNOW	
STREET ADDRESS	2801 N.E. 208 TH TERR., 2 ND FLOOR	
CITY-ST-ZIP	MIAMI, FL. 33180	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC WALTON	
STREET ADDRESS	2801 N.E. 208 TH TERR., 2 ND FL.	
CITY-ST-ZIP	MIAMI, FL. 33180	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLRAY LEFEVERE	
STREET ADDRESS	2801 N.E. 208 TH TERR., 2 ND FL.	
CITY-ST-ZIP	MIAMI, FL. 33180	
TITLE	D/SCOTT GERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2801 NE. 208 TH TERR., 2 ND FL.	
STREET ADDRESS	MIAMI, FL. 33180	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliot Krasnow Elliot Krasnow

Date

Daytime Phone #

(305)
931-4000

CR2E034 (9/99)