

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079489

1. Entity Name

TALENT NETWORKS, INC.

Principal Place of Business

5383 ALTON RD
MIAMI BEACH FL 33140
US

Mailing Address

5383 ALTON RD
MIAMI BEACH FL 33140
US

2. Principal Place of Business

7450 Chablis Ct.

3. Mailing Address

7450 Chablis Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

US

Zip

33433

Country

US

4. FEI Number

65-0786036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Richard Troost

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

7450 Chablis Ct.

City

Boca Raton

FL

Zip Code

33433

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

3/30/01

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 PD
NAME TROOST, RICHARD
STREET ADDRESS 5383 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE SD
NAME BUCHHOLZ, KATHY
STREET ADDRESS 5383 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE TD
NAME BUCHHOLZ, KRIS
STREET ADDRESS 5383 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/01

305 861-8633

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90109 006 ***150.00

CUU41234



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)