

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 017 ***150.00

DOCUMENT # **P97000101817** ✓
1. Entity Name

OVERNET INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13554 SW 119 AVE

3. Mailing Address
13727 SW 152 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#382

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0726878

Applied For
Not Applicable

Zip
33186

Country

Zip
33177

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VILLAGRAN, CARLOS M

Street Address (P.O. Box Number is Not Acceptable)
13554 SW 119 AVE

City
MIAMI **FL** Zip Code
33186

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)

04/18/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**PTSV
VILLAGRAN, CARLOS M
13554 SW 119 AVE
MIAMI FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VILLAGRAN, CARLOS M
13554 SW 119 AVE
MIAMI FL 33186**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 **(305) 274-5300**
Date Daytime Phone #

CR2E034B (12/01)