2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000107277** May 22, 2000 8:00 am 1. Entity Name Secretary of State E-NET CORPORATION 05-22-2000 90067 045 ***150.00 Mailing Address Principal Place of Business 22704 S.W. 65TH AVE. 23123 STATE RD. 7 BOCA RATON FL 33428-6027 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. The second second Applied For City & State 4. FEI Number City & State 65-0837004 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILL, A. WAYNE Street Address (P.O. Box Number is Not Acceptable) 22783 S. STATE ROAD 7 STE. #53 **BOCA RATON FL 33428** Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DEESIDENI Addition ☐ Delete TITLE TITLE FÉRDA KAVAIL HARRISON, ROHAN H NAME NAME 3107 SW 2014 TER # 2002 9500 S.W. 3RD ST. STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 37445 CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP CUNEYT DINC MAN (CT6) Change 3/07-5W-20th-TEX-#-80CZ Delete TITLE BERNARD, MARK NAME STREET ADDRESS STREET ADDRESS 22704 S.W. 65TH AVE. DELEASE ACH IFT 33445 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** CEO / CHAIRMAN BOHNNKHARAISON ☐ Addition Delete TITLE. INGRAM, YASMIN NAME NAME 9500 SW 310 ST 1225 RIVERSIDE DR., APT. 507 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33428 CORAL SPRINGS FL 33071 CITY-ST-ZIP CUTY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. The receiver of trustees the receiver of the receiver of the receiver or trustees the receiver of the receiver of the receiver or trustees the receiver of the receiver or trustees the receiver of the receiver or trustees the receiver of the receiver of the receiver or trustees the receiver of the receiver or trustees the receiver of the receiver or trustees the receiver of the receiver of the receiver or trustees th

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