

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 002 ***150.00

DOCUMENT # P98000000780

1. Entity Name

US INTERNET TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 AUSTRALIAN AVENUE

Suite, Apt. #, etc.

SUITE 510

3. Mailing Address

500 AUSTRALIAN AVENUE

Suite, Apt. #, etc.

SUITE 510

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

650826802

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JACK M. RAMOS

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

500 AUSTRALIAN AVENUE SUITE 510

City

WEST PALM BEACH

FL

Zip Code

33401

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)

4/29/02

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
PRESIDENT	JACK M. RAMOS	500 AUSTRALIAN AVE. SUITE 510	WEST PALM BEACH, FL 33401
VICE-PRESIDENT	KARL A. KAHLERT	500 AUSTRALIAN AVE. SUITE 510	WEST PALM BEACH, FL 33401
TREASURER	HERBERT KAHLERT	500 AUSTRALIAN AVE. SUITE 510	WEST PALM BEACH, FL 33401

**DO NOT WRITE
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

4/29/02

Date

Daytime Phone #

CR2E034B (12/01)