## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000011393** DIGINET NETWORK AND TECHNOLOGY INC. 05-18-2000 90307 023 \*\*\*150.00 Mailing Address Principal Place of Business 1382 NW 78TH AVE 1382 NW 78TH AVE MIAMI FL 33126 MIAMI FL 33126-1606 2. Principal Place of Business 3. Mailing Address RUA ALBERTO MARANHAO Suite, Apt. #, etc. 1122 AP 401 B Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NATAL, RN Applied For City & State 4. FEI Number 65-0811325 Not Applicable Country BRAZIL \$8.75 Additional Zip Country 5. Certificate of Status Desired 59.02Ø-33Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTOS FERREIRA, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 1382 NW 78TH AVE **MIAMI FL 33126** Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition CR2E034 (9/99) TITLE TITLE ☐ Delete SANTOS FERREIRA, GEORGE A NAME NAME STREET ADDRESS 1382 NW 78TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE BEZERRA DE ALMEIDA , GUSTAVO D NAME NAME STREET ADDRESS STREET ADDRESS 1382 NW 78TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change Addition TITLE ☐ Delete MENEZES, SERGIO A.R. NAME NAME 1382 NW 78TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

GFORGE. TEDATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: