

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90022 044 \*\*\*158.75

**DOCUMENT # P98000044521**

1. Entity Name

**ECONONET INTERNATIONAL, INC.**

Principal Place of Business

1075 101ST ST.APT. 1  
 BAY HARBOR ISLANDS FL 33154

Mailing Address

1075 101ST ST.APT. 1  
 BAY HARBOR ISLANDS FL 33154-1522

2. Principal Place of Business

14211 W. La Sedona Circle  
 Suite, Apt. #, etc.

3. Mailing Address

14211 W. La Sedona Circle  
 Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33484

Country

City & State

Delray Beach, FL

Zip

33484

Country

4. FEI Number

65-0838904

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SERGIO, AMMIRATA**  
 1075 101ST ST.APT. 1  
 BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

Sergio Ammirata

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

14211 W. La Sedona Circle

City

Delray Beach

FL

Zip Code

33484

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

*Sergio Ammirata*  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
 (If a Registered Agent signature required when reinstating)

04/25/2000  
 DATE

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, 2000 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	PVS	<input type="checkbox"/> Delete
NAME	AMMIRATA, SERGIO	
STREET ADDRESS	1075 101ST APT 5	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMIRATA, SERGIO	
STREET ADDRESS	14211 W. La Sedona Circle	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Sergio Ammirata*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000  
 Date

561-637-9531  
 Daytime Phone #

CR2E034 (9/99)