

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047264

1. Entity Name

US NETT COMMUNICATIONS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90187 021 ***150.00

Principal Place of Business

Mailing Address

1975 E. SUNRISE BLVD.
SUITE 626
FT. LAUDERDALE FL 33304

3410 GALT OCEAN DRIVE
#610N
FT. LAUDERDALE FL 33308-7031

2. Principal Place of Business

3. Mailing Address

3473 NW 44TH ST #103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 103

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33309

U.S.

4. FEI Number

65-0868950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, FRANCISCO J
3473 NW 44TH ST. #103
FT. LAUDERDALE FL 33309

Name

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

City

FL

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

KATHERINE SFEIR / KATHERINE SFEIR

2/16/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	SFEIR, KATHERINE	
STREET ADDRESS	3410 GALT OCEAN DRIVE #610N	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARTIN, FRANCISCO J.	
STREET ADDRESS	3473 NW 44TH ST. #103	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, FRANCISCO J.	
STREET ADDRESS	3473 NW 44TH ST #103	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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:

KATHERINE SFEIR / KATHERINE SFEIR

02/16/2000

954-761-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)