

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054323

1. Entity Name

CONNECT-A-NET, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90019 039 ***150.00

Principal Place of Business

12730 SW 146 LANE
 MIAMI FL 33186

Mailing Address

12730 SW 146 LANE
 MIAMI FL 33186-6355

2. Principal Place of Business

8981 SW 142 Ave.

3. Mailing Address

19655 SW 304 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#12-211

City & State

Miami, FL

City & State

Homestead, FL

Zip

33186

Country

USA

Zip

33030

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0845577

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

ROGERS, MARK
 12730 SW 146 LANE
 MIAMI FL 33186

Name

Mark Rogers

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

19655 SW 304 St

City

Homestead

FL

Zip Code

33030

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)

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	D	<input type="checkbox"/> Delete
NAME	ROGERS, MARK	
STREET ADDRESS	12730 SW 146 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIHLEN, JACKIE	
STREET ADDRESS	12730 SW 146 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Rogers	
STREET ADDRESS	19655 SW 304 St.	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Vihlen	
STREET ADDRESS	19655 SW 304 St	
CITY-ST-ZIP	Homestead, FL 33030	
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:

Jackie Vihlen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-00

Daytime Phone #

305-470-6675

CR2E034 (9/99)