2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90006 034 ***150.00

DOCUMENT # **P98000059303**

1. Entity Name

TELENET TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~8181 NW 36 ST., STE. 2~~	~~8181 NW 36 ST. STE. 2~~
~~MIAMI FL 33166~~	~~MIAMI FL 33166-6628~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12515 N KENDALL DRIVE		12515 N KENDALL DRIVE	
Suite, Apt. #, etc. STE 320		Suite, Apt. #, etc. STE 320	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country	Zip 33186	Country

4. FEI Number **65-0893527** ☐ 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
~~WELCH, JOSEPH~~	Name
~~8181 NW 36 ST., STE. 2~~	Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33166~~	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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS ~~$150.00~~ $150=

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	PIETERS, HERMAN	NAME	PIETERS, HERMAN
STREET ADDRESS	8181 NW 36TH STREET, STE 28	STREET ADDRESS	12515 N KENDALL DRIVE, STE 320
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	MIAMI, FL 33166
TITLE	TS ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	PRINCZ, DANIEL	NAME	PRINCZ, DANIEL
STREET ADDRESS	8181 NW 36TH STREET, STE 28	STREET ADDRESS	12510 SW 72 TERRACE
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/25/2000 (305)596-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (8/00)