

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 9:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P98000059898**

1. Corporation Name

**THE UNDERGROUND BROKER, INC.**



**REINSTATEMENT** *99-00*  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ULMERTON ROAD, BLDG. 3A  
 LARGO FL 33771

8100 ULMERTON ROAD, BLDG. 3A  
 LARGO FL 33771

2. Principal Place of Business

2a. Mailing Address

*136 S. SEMORAN BLVD*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

*ORLANDO, FLORIDA*

28

Zip

Country

Zip

Country

*32807*

25

*U.S.A.*

29

30

9. Name and Address of Current Registered Agent

**NETO, JOSE B**  
**8100 ULMERTON ROAD, BLDG. 3A**  
**LARGO FL 33771**

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

*59 353 8948*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
Trust Fund Contribution☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*10/17/99*

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NETO, JOSE B	
STREET ADDRESS	8100 ULMERTON ROAD, BLDG. 3A	
CITY-ST-ZIP	LARGO FL 33771	
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		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	3000003130183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-02/09/00--01099--026	
1.3 STREET ADDRESS	****75875	****758.75
1.4 CITY-ST-ZIP		
2.1 TITLE	3000003130183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-02/09/00--01099--027	
2.3 STREET ADDRESS	****141.25	****141.25
2.4 CITY-ST-ZIP		
3.1 TITLE	3000003130183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	-02/09/00--01099--033	
3.3 STREET ADDRESS	*****8.75	*****8.75
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/17/99 (407) 281-4221*

CR2E034 (5/99)

KE