2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

ith all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2002 8:00 am § DOCUMENT # P98000059898 **Secretary of State** 1. Entity Name THE UNDERGROUND BROKER, INC. 03-12-2002 90434 016 ***150.00 Principal Place of Business Mailing Address 7022 TPC DR 7022 TPC DR SUITE 400 SHITE 400 ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3538948 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent الأراج والمراجب والمحالية والأوالية والمستني المحار والمراج المحارية NETO, JOSE B Street Address (P.O. Box Number is Not Acceptable) 7022 TPC DR **SUITE 400** ORLANDO FL 32822 City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 しるで TITLE ☐ Delete TITLE Change Change CR2E034 (9/01) ■ Addition JOSE B NETO NAME **NETO, JOSE B** NAME 8100 ULHENION RD #3A STREET ADDRESS 8100 ULMERTON ROAD, BLDG. 3A STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP LANGO, FL 3 3771 CITY-ST-ZIP VICE & TREASURS TITLE ☐ Delete TITLE ☐ Change Addition MARCIA P. NETO 730 GILDENT Rd. NAME NAME STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 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 Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED