

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000062348**

1. Entity Name

INTERNETTOTAL, INC.

Principal Place of Business

**6405 NW 36 STREET
SUITE 221
MIAMI FL 33166**

Mailing Address

**6405 NW 36 STREET
SUITE 221
MIAMI FL 33166**

2. Principal Place of Business

1250 EAST HALLANDALE BEACH BLVD

3. Mailing Address

1250 EAST HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

SUITE 808

Suite, Apt. #, etc.

SUITE 808

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

**GRIMBERG, MARK
1587 MARINER WAY
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

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 **MARK GRIMBERG PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

23 APR 01

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, 2001 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

TITLE **D** ☐ Delete
NAME **GRIMBERG, MARK**
STREET ADDRESS **1587 MARINER WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33019**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK GRIMBERG / PRESIDENT**23 APR 01**

Date

(305) 613-9118

Daytime Phone #

**FILED
May 01, 2001 8:00 am
Secretary of State**

05-01-2001 90112 045 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)