

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097199

1. Entity Name

NETFOMERCIAL NETWORKS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90071 050 ***150.00

Principal Place of Business

Mailing Address

17100 COLLINS AVE., STE. 214
MIAMI BEACH FL 33160

17100 COLLINS AVE., STE. 214
MIAMI BEACH FL 33160-3675

2. Principal Place of Business

3. Mailing Address

2801 N.E. 208TH TERR.

2801 N.E. 208TH TERR.

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0878101

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

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD., STE. 195
ORMOND BEACH FL 32176

Name

ELLIOT KRASNOW

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

2801 N.E. 208TH TERR.

2ND FLOOR

City

MIAMI

FL

Zip Code

33180

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

ELLIOT KRASNOW

2/28/00

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

(NOT a 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 PD
NAME KRASNOW, ELLIOT
STREET ADDRESS 17100 COLLINS AVE., STE. 214
CITY-ST-ZIP MIAMI BEACH FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS 2801 N.E. 208TH TERR., 2ND FL.
CITY-ST-ZIP MIAMI, FL. 33180

☒ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

ELLIOT KRASNOW

Date

2/28/00

Daytime Phone #

(305) 931-4000

CR2E034 (9/99)