

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90235 032 ***150.00

DOCUMENT # **P98000100853**

1. Entity Name
Corporate Network Systems, Inc.



DO NOT WRITE IN THIS SPACE

11016719

2. Principal Place of Business
1200 Middle River Dr.

3. Mailing Address
Same

Suite, Apt. #, etc.
Fort Lauderdale

Suite, Apt. #, etc.

City & State
Florida

City & State

Zip
33304

Country
USA

Zip

Country

4. FEI Number
650879111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TRINA McDonald

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

1200 Middle River Dr.

City
Fort Lauderdale FL

Zip Code
33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Trina McDonald**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD TRINA McDonald
1200 Middle River Dr.
Fort Lauderdale, FL 33304

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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 Date
954 804 5367 Daytime Phone #

CR2E034B (12/02)