2000 UNIFORM BUSINESS REPORT (UBR) FILED P9960000 1362 DOCUMENT # Apr 20, 2000 8:00 am Secretary of State INETVISIONS INC. 04-20-2000 90081 011 \*\*\*158.75 Principal Place of Business
8220 NW IST STREET
CORAL SPRINGS, FL Mailing Address 8220 NW IST STREET CORAL SPRINGS, FL 33071 33071 (95H) 227-297B (954) 227-2478 2. Principal Place of Business 3. Mailing Address 12610 SW 54 5 COURT 12610 SN 54th COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0885895 MIRAMAR Not Applicable MIRAMAR αiΣ Country \$8.75 Additional 5. Certificate of Status Desired US 33027 33027 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANTHONY S. YOCKEY 8220 NW IST STREET Name Jose CARTAVA Street Address (P.O. Box Number is Not Acceptable)
12610 SW 5454 COURT CORAL SPRINGS FL <u>COURT</u> 33071 JIRAMAR IRAMAR 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. JOSE E. CARTAYA
nd name of registered agent and title if applicable (NOTE (PRESIDENT) SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE Defete TITLE ANTHONY S. YOCKEY 8220 NW IST STREET JOSE E. CARTAYA
12610 SW 64 & COURT NAME NAME STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP HIRAMAR, FL 33021 CITY-ST-ZIE ■ Addition ☐ Delete Change TITLE TITLE VICKY TAVAREZ 12610 SW 64 th COURT NAME NAME JOSE CARTAYA 12610 SW 54 4 COURT STREET ADDRESS STREET ADDRESS ITLAMAR, FL 33027 CITY-ST-ZIP CITY-ST-7IP MIRAMAR, FL 33027 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change [ ] Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 n address, with all other like empowered. changed, or on an attachment with 3.28,00 SIGNATURE: