

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002254

1. Entity Name
CONECT US INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90058 045 ***150.00

Principal Place of Business Mailing Address
2919 EAST COMMERCIAL BOULEVARD 2919 EAST COMMERCIAL BOULEVARD
SUITE A SUITE A
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4207



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2800 E. Commercial Blvd
Suite, Apt. #, etc. Ste 208
City & State Ft. Lauderdale
Zip 33308 Country

4. FEI Number 65-0890661 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

KATZ, ALLEN H PA
2919 EAST COMMERCIAL BOULEVARD
SUITE A
FT. LAUDERDALE FL 33308

Name
Street Address (P.O. Box Number is Not Acceptable)
2800 E. Commercial Blvd
Ste 208
City Ft. Lauderdale FL Zip Code 33308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SYEN MARKS 1441 N.E. 42 St Ft. Lauderdale, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SYEN MARKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3.28.2000
Daytime Phone #

CR: 12014 (9/99)