

Amending 2000 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000002659**

1. Entity Name

NET RESEARCH, INC

FILED

00 AUG -3 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

NET RESEARCH, INC

Mailing Address

NET RESEARCH, INC

2. Principal Place of Business

215 N Federal Hiway

Suite, Apt. #, etc.

Suite #5D

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

215 N. Federal Hiway

Suite, Apt. #, etc.

Suite #5D

City & State

Boca Raton, FL

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888168

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

Florida Incorporators. Inc.
1221 Brickell Ave
Suite #900
Miami, FL 33131 USA

Name

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

600003364406--7

City

08/18/00 010610027

*****61.25 *****61.25

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

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

(NOTE: 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

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | Mohammad F. Alam | |
| STREET ADDRESS | 215 N. Federal Hiway suite# 5D | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | Mohammad F. Alam | |
| STREET ADDRESS | 215 N. Federal Hiway #5D | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | Mohammad F. Alam | |
| STREET ADDRESS | 215 N. Federal Hiway #5D | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | Mohammad F. Alam | |
| STREET ADDRESS | 215 N. Federal Hiway #5D | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Abu M Rahman | |
| STREET ADDRESS | 480 NW 20 ST #110 | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Abu M Rahman | |
| STREET ADDRESS | 480 NW 20 ST #110 | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | T/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Abu M Rahman | |
| STREET ADDRESS | 480 NW 20 ST #110 | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | GEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Abu M Rahman | |
| STREET ADDRESS | 480 NW 20 ST #110 | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Abu M Rahman | |
| STREET ADDRESS | 480 NW 20 ST #110 | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard A. Lidinsky III | |
| STREET ADDRESS | 215 N. Federal Hiway #5D | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |

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

07-19-2000

Date

561-620-0542

Daytime Phone #

CR2E034 (9/99)