

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91302 039 ***150.00

DOCUMENT # P99000005393

1. Entity Name
PACNET, INC.

Principal Place of Business

13301-A NW 38TH CRT
 OPA LOCKA FL 33054

Mailing Address

13301-A NW 38TH CRT
 OPA LOCKA FL 33054

2. Principal Place of Business

3380 N.W. 114th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 139095

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33167

Country

USA

Zip

33013

Country

USA

4. FEI Number

65-0895272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZCZEBAK O'NEIL, DONNA ESQ.
301 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Angeles, Barry & Boff, P.A.

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

SunTrust Center

515 East Las Olas Blvd, Ste 850

City

Fort Lauderdale

FL

Zip Code

33301

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, 2002 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 **D** ☐ Delete
 NAME **ROTHSTEIN, HARVEY**
 STREET ADDRESS **1101 E. 33RD ST**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)