

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010810**

1. Entity Name

DEDICATED NETWORKX, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90102 050 ***150.00

Principal Place of Business

**1071 SE 6TH AVENUE
DANIA FL 33004**

Mailing Address

**1071 SE 6TH AVENUE
DANIA FL 33004**

2. Principal Place of Business

2506 NE 14th STREET

3. Mailing Address

2506 NE 14th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0885141

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33304

Country

USA5. 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

**SELTZER, ROBIN L
1071 SE 6TH AVE
DANIA FL 33004**Name **ROBIN L. SELTZER**

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

2506 NE 14th ST.

City

FT. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/019. 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, 2001 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 **P** ☐ Delete
NAME **SELTZER, ROBIN L**
STREET ADDRESS **1071 SE 6TH AVE**
CITY-ST-ZIP **DANIA FL 33004**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2506 NE 14th STREET**
CITY-ST-ZIP **FT. Lauderdale, FL 33304**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 954-929-2901
Date Daytime Phone #

CR2E034 (10/00)