

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011554

1. Entity Name

NET-TRAIN, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90082 022 ***150.00

Principal Place of Business

Mailing Address

2608 N.E. 21ST COURT
FT. LAUDERDALE FL 33305

2608 N.E. 21ST COURT
FT. LAUDERDALE FL 33305-3518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

TILIS & LOREN, P.A.
301 CLEMATIS STREET STE. 3000
WEST PALM BEACH FL 33401

Name Bruce E. Loren, P.A.

Street Address (P.O. Box Number is Not Acceptable)
301 Clematis Street, Suite 3000

City West Palm Beach FL Zip Code 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Pres, Sec, Treasurer
STREET ADDRESS CHARLES J. MEYER
CITY-ST-ZIP 2608 NE 21ST
FT LAUD FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 or without the empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

27 March 2000 9543254777

CR2E034 (9/99)