

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013254

1. Entity Name

DIGIMEDIA NETMARKET, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90147 039 \*\*\*150.00

Principal Place of Business

407 LINCOLN RD., STE. 6-F  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN RD., STE. 6-F  
MIAMI BEACH FL 33139

2. Principal Place of Business

6538 COLLINS AVE., #204

3. Mailing Address

6538 COLLINS AVE., #204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0906469

Applied For

Not Applicable

Zip

Country

33141-4694

Zip

Country

33141-4694

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

REIS, CESAR M

407 LINCOLN RD., STE. 6-F  
MIAMI BEACH FL 33139

Name

REIS, CESAR M.

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

6538 COLLINS AVE., #204

City

MIAMI BEACH

FL

Zip Code

33141-4694

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.

CEJAR REIS / PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04/05/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD REIS, CESAR M <del>407 LINCOLN RD STE 6-F</del> <del>MIAMI BEACH FL 33139</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REIS, CESAR M <del>407 LINCOLN RD STE 6-F</del> <del>MIAMI BEACH FL 33139</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6538 COLLINS AVE., #204 MIAMI BEACH, FL 33141-4694	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6538 COLLINS AVE., #204 MIAMI BEACH, FL 33141-4694	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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

CEJAR REIS / PRES.

Date

Daytime Phone #

04/05/01 (205)672-7552

CR2E034 (10/00)