

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018557

1. Entity Name

ALEPHNET CORPORATION

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90056 047 \*\*\*150.00

Principal Place of Business

Mailing Address

12469 KEYSTONE ROAD  
 NORTH MIAMI FL 33181

12469 KEYSTONE ROAD  
 NORTH MIAMI FL 33154-2029

2. Principal Place of Business

3. Mailing Address

1111 KANE CONCOURSE

1111 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 219 A

SUITE 219 A

City & State

City & State

BAY HARBOR ISLANDS FL

BAY HARBOR ISLANDS FL

Zip

Country

Zip

Country

33154

DADE

33154

DADE

4. FEI Number

65-0900512

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

JAIMOVICH, JOHN BERT  
 12469 KEYSTONE ROAD  
 NORTH MIAMI FL 33181

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PRESIDENT  
 JOHN BERT JAIMOVICH  
 291 BAL BAY DR  
 BAL HARBOR FL 33154

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*John Bert Jaimovich*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
 Date

(305) 864-1105  
 Daytime Phone #