

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90044 016 ***150.00

DOCUMENT # P99000018557

1. Entity Name
ALEPHNET CORPORATION

Principal Place of Business
1111 KANE CONCOURSE
STE 214A
BAY HARBOUR ISLANDS FL 33154

Mailing Address
1111 KANE CONCOURSE
STE 214A
BAY HARBOUR ISLANDS FL 33154

2. Principal Place of Business
10295 COLLINS AVE
 Suite, Apt. #, etc.
SUITE 226

3. Mailing Address
10295 COLLINS AVE
 Suite, Apt. #, etc.
SUITE 226

City & State
BAL HARBOUR FL
 Zip
33154 Country
DADE

City & State
BAL HARBOUR
 Zip
33154 Country
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

JAIMOVICH, JOHN BERT
12469 KEYSTONE ROAD
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **JAIMOVICH JOHN BERT**
 Street Address (P.O. Box Number is Not Acceptable)
10295 COLLINS AVE
SUITE 226
 City **BAL HARBOUR** **FL** Zip Code **33154**

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's 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, 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

TITLE **P** ☐ Delete
 NAME **JAIMOVICH, JOHN B**
 STREET ADDRESS **291 BAL BAY DRIVE**
 CITY-ST-ZIP **MIAMI FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN JAIMOVICH

Date

2/22/01

Daytime Phone #

CR2E034 (10/00)