

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0242902 AV

**DOCUMENT # P99000018557**

1. Entity Name  
**ALEPHNET CORPORATION**

02-20-2002 90115 031 \*\*\*150.00

Principal Place of Business  
**10295 COLLINS AVENUE**  
**STE 226**  
**BAY HARBOR FL 33154**

Mailing Address  
**10295 COLLINS AVENUE**  
**STE 226**  
**BAY HARBOR FL 33154**



2. Principal Place of Business  
**10295 COLLINS AV**  
 Suite, Apt. #, etc.  
**226**

3. Mailing Address  
**10295 COLLINS AV**  
 Suite, Apt. #, etc.  
**226**

DO NOT WRITE IN THIS SPACE

City & State  
**BAL HARBOR FL**  
 Zip  
**33154** Country  
**USA**

City & State  
**BAL HARBOR FL**  
 Zip  
**33154** Country  
**USA**

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**  
**10295 COLLINS AVENUE**  
**STE 226**  
**BAL HARBOR FL 33154**

7. Name and Address of New Registered Agent

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 **JOHN BERT JAIMOVICH**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**01/20/2002**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAIMOVICH, JOHN B</b> <b>291 BAL BAY DRIVE</b> <b>MIAMI FL 33154</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAIMOVICH, JOHN B.</b> <b>10295 COLLINS AVE (226)</b> <b>BAL HARBOR FL 33154</b>	<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 an other like empowered.

SIGNATURE: **JOHN BERT JAIMOVICH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/20/2002** **(305) 742-8929**  
 Date Daytime Phone #

CR2E034 (9/01)