2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90001-019-$150.00-$150.00

pg 1 of 2

APPROVED AND FILED

00 OCT 16 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000019660

1. Entity Name
CRIS KEN INTERNET INC.

Principal Place of Business	Mailing Address
108 LAKE SHORE DR., STE. 1839 NORTH PALM BEACH FL 33408	108 LAKE SHORE DR., STE. 1839 NORTH PALM BEACH FL 33408

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 650913007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CECERE, CHRISTOPHER T
108 LAKE SHORE DR., STE. 1839
NORTH PALM BEACH FL 33408

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

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	President Christopher Thomas Cecere 108 lakeshore Dr suit 1835 N.P.B. FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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] 9/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P99000019660
A00079581

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High Quality Internet Provider

29 Craft

To Whom it concerns:

This application was returned at this time due to circumstance that where ~~an over sight on behalf of the the~~ Corporation, this is the first filing and for what ever reason an earlier filing didn't make the time frame; please excuss this at this time and accept the filing fee sent of 150.00 (per a representive from your department) following filings will be made on time, Sincerly

Christopher Cecere

790 Ridge Road, Middletown, CT 06457 ● Telephone(860) 346-3399 ● Fax (860) 346-8877
108 Lake Shore Drive, Suite 1839, North Palm Beach, FL 33408 ●Telephone (561)-630-1580 ● Fax (561) 630-1626