

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025080

1. Entity Name  
1ST NETMART, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90047 027 \*\*\*158.75

Principal Place of Business

1451 N.W. 17TH AVENUE  
MIAMI FL 33125-2347

Mailing Address

1451 N.W. 17TH AVENUE  
MIAMI FL 33125-2347

00030875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0904047

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

~~GHEITH, SANA~~  
~~1451 N.W. 17TH AVENUE~~  
~~MIAMI FL 33125-2347~~

Name N. Hayah Kahuk  
Street Address (R.O. Box Number is Not Acceptable)  
1451 NW 17th Ave

City Miami FL Zip Code 33125-2347

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 N. Hayah Kahuk (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, 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 P ☒ Delete  
NAME SANA GEIGTH  
STREET ADDRESS 13472 NW 6TH DRIVE  
CITY-ST-ZIP PLANTATION FL 33325

TITLE P/VP/ST ☐ Change ☒ Addition  
NAME N. Hayah Kahuk  
STREET ADDRESS 1451 NW 17th Ave  
CITY-ST-ZIP Miami, FL 33125-2347

TITLE VP ☒ Delete  
NAME HAYIDAN SANEER P  
STREET ADDRESS 1451 NW 17TH AVE  
CITY-ST-ZIP MIAMI FL 33125

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: N. Hayah Kahuk (NOTE: Signature and typed or printed name of signing officer or director)

5/29/01 (954) 472-3455  
Daytime Phone #

CR2E034 (10/00)