2002 UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nam | | | 00025080 | | | Secretary of State | | |
|--|---|--|--|--|--|--|----------------|--------------------------------|
| 1ST NET | MART, INC |). 2010 - 2014 | | | • | 02-28-2002 90046 | 036 ***158 | 3.75 |
| | | ••• | | | | - | | |
| Principal Place of Business 1451 N.W. 17TH AVENUE MIAMI FL 33125-2347 | | | Mailing Address 1133 S UNIVERSITY DRIVE SUITE 202 PLANTATION FL 33324 | | | | | 1840 84 0 1 86 1 |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | | City & State | | 4. F | 4. FEI Number 65-0904047 Applied For Not Applicable | | |
| Zip Country | | | Zip | Country | 5. Certificate of Status Desired \$8.75 Add Fee Required | | ditional ed | |
| | 6. Name a | and Address of Current Re | gistered Agent | | 7. N | lame and Address of New Registere | d Agent | |
| KAHUK, NIHAYEH | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | |
| 1451 N.W. 17TH AVENUE | | | | | ~ | | | |
| MIAMI FL | . 33125-2347 | - | | City | | | 7:- 0 | |
| . | | | | City | FL Zip Code | | | |
| 8. The above | e named entity | submits this statement for the | ne purpose of changing its re | egistered office of | r registered age | ent, or both, in the State of Florida. | | |
| | ٤ | | | | | | | |
| SIGNATURE . | Signature, typed or | r printed name of registered agent and | title if applicable. (NOTE: | Registered Agent signa | ture required when re | pinstating) DATI | <u> </u> | |
| A This | | | <u></u> | | | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | | After May 1, 200 | W!!! FEE IS \$150.00 2002 Fee will be \$550.00 vable to Department of Stat | | . 10Election Campaign Financing Trust Fund Contribution. | | May Be to Fees |
| 11. | | OFFICERS AND DI | RECTORS - | 12. | AD | I DITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP KAHUK, NI 1451 NW 1 MIAMI FL 3 | 17TH AVE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KAHUK, NI 1451 NW 1 MIAMI FL 3 | 17TH AVE | □ 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | | | Delete | TITLE NAME STREET ADDRESS | | | Change | Addition |

13. Thereby 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: 💆

CITY-ST-ZIP