

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030492

1. Entity Name

BAS NETWORK GROUP, CORP.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90013 009 ***150.00

Principal Place of Business

Mailing Address

C/O SAMUEL J. CANTOR
1489 W PALMETTO PARK RD STE 485
BOCA RATON FL 33486

C/O SAMUEL J. CANTOR
1489 W PALMETTO PARK RD STE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

2717 W Cypress Creek Road

3. Mailing Address

2717 W Cypress Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0928633

Applied For

Not Applicable

Zip

Country

33309

USA

Zip

Country

33309

USA

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

CANTOR, SAMUEL J
1489 W PALMETTO PARK RD
SUITE 485
BOCA RATON FL 33486

Name

Cantor, Samuel J.

Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Pkwy NW

Suite 200

City
Boca Raton

FL

Zip Code
33487

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 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, 2000 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 **D** ☒ Delete
NAME **PARKER, DAVID L**
STREET ADDRESS **1489 W PALMETTO PARK RD STE 485**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Change ☒ Addition
NAME **Steven G Rose**
STREET ADDRESS **(2717 W Cypress Creek Road**
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Philip Stickles**
STREET ADDRESS **2717 W Cypress Creek Rd**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Christine Rogers**
STREET ADDRESS **2717 W Cypress Creek Rd**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)