

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040719

1. Entity Name

EREFERRAL COMMUNICATIONS NETWORK, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90034 023 ***150.00

Principal Place of Business

3887 BARKIS AVE.
BOYNTON BEACH FL 33436

Mailing Address

3887 BARKIS AVE.
BOYNTON BEACH FL 33436-2716

2. Principal Place of Business

10492 NW56 DRIVE

3. Mailing Address

10492 NW56 DRIVE

Suite, Apt. #, etc.

CORAL SPRING, FL

Suite, Apt. #, etc.

CORAL SPRING, FL

City & State

City & State

4. FEI Number

65-0921047

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBIN, RICHARD D ESQ.
200 SOUTHEAST 18TH COURT
FORT LAUDERDALE FL 33316

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

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

TITLE PS ☒ Delete
NAME TANVEJSILP, SURANART
STREET ADDRESS 3887 BARKIS AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Change ☒ Addition
NAME NORA SUSAN KYLIE
STREET ADDRESS 10492 NW56 DRIVE
CITY-ST-ZIP CORAL SPRING, FL 33076

TITLE VP ☐ Change ☒ Addition
NAME CHESTER J. KYLE JR.
STREET ADDRESS 10492 NW56 DRIVE
CITY-ST-ZIP CORAL SPRING, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Suranart Tanvejsilp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000

CR2000-0001