

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 009 ***150.00

DOCUMENT # : 099 0000 44 897

1. Entity Name

REALNET OF South FLORIDA, INC.

Principal Place of Business

Mailing Address

3900 Hollywood Blvd Suite 101
Hollywood FL 33021

C0060342

2. Principal Place of Business

3. Mailing Address

3900 Hollywood Blvd

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, St.

Hollywood FL

City & State

4. FEI Number

Applied For

Zip

33021

Country

FLORIDA

Zip

Country

59-3577993

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

John E. PARRETT
1249 N ORANGE AVE
ORLANDO FL 32804

Name

Janice ARMSTRONG

Street Address (P.O. Box Number is Not Acceptable)

1249 N ORANGE AVE

City

Orlando

FL

Zip Code

32804

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

Janice Armstrong

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/01

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 PRES
NAME John PARRETT
STREET ADDRESS 1249 N ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VP
NAME MIKE MAHARAJA
STREET ADDRESS 3900 Hollywood Blvd
CITY-ST-ZIP Hollywood FL 33021

☒ Delete

TITLE J.P.
NAME GONZALEZ JOSEPH
STREET ADDRESS 1249 N ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32804

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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 #

4/23/01 407 422 1000

CR2E034 (11/00)