2001 UNIFORM BUSINESS REPÖRT (UBR)

Jul 05, 2001 8:00 am DOCUMENT # **P99000053860** Secretary of State 1. Entity Name 06-15-2001 90616 010 ***550.00 CARDINAL CAPITAL NET. INC. Principal Place of Business Mailing Address 800 DOUGLAS ROAD, SUITE 340 800 DOUGLAS ROAD, SUITE 340 O C T S O CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Busines 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0927154 Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -SMITH SMITH. HERSHEL F JR 800 DOUGLAS ROAD, SUITE 340 # 501 CORAL GABLES FL 33134 Zip Code 33/3/ City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director TITLE Delete TITLE hange Smith, Horshel F BR. SMITH, HERSHEL F JR NAME 800 DOUGLAS ROAD, SUITE 340 STREET ADDRESS STREET ADDRESS 1101 Brickell Ave, #50/ CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition Sweeney, Christopher HSOI SWEENEY, CHRISTOPHER NAME NAME STREET ADDRESS 800 DOUGLAS ROAD, SUITE 340 STREET ADDRESS CiTY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP 33131 TITLE Oelete Addition TITLE ☐ Change Keweske, John NAME NAME STREET ADDRESS 1101-Brickell-Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F'L 3313 1 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 13. I hereby certify that the information supplied with this filing does not qualify fur 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.

FILED