

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055527

1. Entity Name

BECKER.NET.INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90062 007 \*\*\*150.00

Principal Place of Business

6301 N.W. 5TH WAY, #2100  
FORT LAUDERDALE FL 33309

Mailing Address

6301 N.W. 5TH WAY, #2100  
FORT LAUDERDALE FL 33309-6197

2. Principal Place of Business

1101 BRICKELL AVE

3. Mailing Address

2101 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

701-S

Suite, Apt. #, etc.

3000

City & State

MIAMI FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0933919

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33309

Country

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

BECKER, MATT

6301 N.W. 5TH WAY, #2100  
FORT LAUDERDALE FL 33309

Name

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

2101 W. COMMERCIAL BLVD.

City

FT LAUDERDALE

FL

Zip Code

33309

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 **BECKER, MATT**  
STREET ADDRESS **6301 N.W. 5TH WAY, #2100**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **C, S, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7250 PEPPER TREE CIRCLE NO.**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P.D** ☐ Change ☒ Addition  
NAME **ERICA PERRY**  
STREET ADDRESS **1101 BRICKELL AVE #701-S**  
CITY-ST-ZIP **MIAMI FL 33131**

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

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

MATTHEW J. BECKER

Date

2/12/00

Daytime Phone #

954 7765554

CR2E034 (9/99)