

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063124

1. Entity Name

NETBYTEL.COM, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90026 016 ***150.00

Principal Place of Business

Mailing Address

6287 VIA PALLADIUM
BOCA RATON FL 33433

6287 VIA PALLADIUM
BOCA RATON FL 33433-3847

2. Principal Place of Business

6500 E. ROGERS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

6500 E ROGERS CIRCLE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0936377

Applied For

Not Applicable

Zip

Country

33487 PALM BEACH

Zip

Country

33487 PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRWAN, MICHAEL B
50 NORTH LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P & DIRECTOR
STREET ADDRESS	PAUL ROBINSON
CITY-ST-ZIP	7485 CAMPO FLORIDO BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CH. DIRECTOR
STREET ADDRESS	NEIL BERNSTEIN
CITY-ST-ZIP	6287 VIA PALLADIUM BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	JOEL MESZNIK
CITY-ST-ZIP	470 MAIN STREET - SUITE 315 RIDGEFIELD, CT 06877
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	JAMES GELLERT
CITY-ST-ZIP	122 EAST 42 ND STREET NY, NY, 10168
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)