

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064965

1. Entity Name

NET EDUCATION TRAINING CENTERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90132 046 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 7105
 BOCA RATON FL 33431

P.O. BOX 7105
 BOCA RATON FL 33431-0105

2. Principal Place of Business

4755 W. ATLANTIC AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

Zip

33445

Country

USA

Country

4. FEI Number

65-0937659

Applied For

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

SHELLY, JILL
 1107-A RUSSELL DR.
 HIGHLAND FL 33487

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHELLY, JILL
 CITY-ST-ZIP P.O. BOX 7105 N/A
 BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME Secy ID
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME PRESIDENT
 STREET ADDRESS LENDRE COHEN
 CITY-ST-ZIP 4755 W. ATLANTIC AVE
 DELRAY BEACH, FL 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME TREASURER
 STREET ADDRESS STANLEY FRISKIE
 CITY-ST-ZIP 4755 W. ATLANTIC AVE
 DELRAY BEACH, FL 33445

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:

Jill Shelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 954-725-5570
 Date Daytime Phone #

CR2E034 (9/99)