

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067896

1. Entity Name  
PLANET Z NETWORKS, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90080 042 \*\*\*150.00

Principal Place of Business  
6152 N. VERDE TRAIL, B212  
BOCA RATON FL 33433

Mailing Address  
P. O. BOX 816  
BOCA RATON FL 33429

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0935335** 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

LUNING, REIN  
6152 N. VERDE TRAIL, B212  
BOCA RATON FL 33433

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete  
P LUNINE, PAUL  
STREET ADDRESS P.O. BOX 816  
CITY-ST-ZIP BOCA RATON FL 33429

TITLE NAME ☒ Change ☐ Addition  
P LUNING, PAUL  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
S LUNINE, REIN  
STREET ADDRESS P.O. BOX 816  
CITY-ST-ZIP BOCA RATON FL 33429

TITLE NAME ☒ Change ☐ Addition  
S LUNING, REIN  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

REIN LUNING (SEC) 4/25/01 561-375-1855

Date

Daytime Phone #

CR2E034 (10/00)