

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072256

1. Entity Name

4NET NETWORKING, CORP.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90139 027 ***150.00

Principal Place of Business

Mailing Address

4410 N.W. 74TH AVE.
MIAMI FL 33166

4410 N.W. 74TH AVE.
MIAMI FL 33138-3381

U00646147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 NW 72nd Av

3. Mailing Address

3399 NW 72nd Av.

Suite, Apt. #, etc.

Suite 127

Suite, Apt. #, etc.

Suite 127

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33122

Country

U.S.

Zip

33122

Country

U.S.

4. FEI Number

65-0948787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBOSA, ANDREIA
4410 N.W. 74TH AVE.
MIAMI FL 33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PRANCKEVICIUS, DANIEL
4410 N.W. 74TH AVE.
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PRANCKEVICIUS, DAVID
4410 N.W. 74TH AVE.
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

04/26/00 (305) 599 0086

Date

Daytime Phone #

CR2E034 (9/99)