FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90447 029 ***150.00

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072254

1. Entity Name
4Net Networking, Corp.

DO NOT WRITE IN THIS SPACE

B00064273

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3399 NW 72 Ave	3399 NW 72 ave
Suite, Apt. #, etc. 127	Suite, Apt. #, etc. 127
City & State Miami, FL	City & State Miami, FL
Zip 33122 Country US	Zip 33122 Country US

4. FEI Number 65-0948787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel Franckevicius

Street Address (P.O. Box Number is Not Acceptable): 3399 NW 72nd Avenue Suite 127

City: Miami **FL** Zip Code: 33122

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Franckevicius, Daniel
STREET ADDRESS	3399 NW 72 Ave suite 127
CITY-ST-ZIP	Miami, FL 33122
TITLE	STD
NAME	Franckevicius, David
STREET ADDRESS	3399 NW 72 ave Suite 127
CITY-ST-ZIP	Miami, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/3/02 305-599-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #