

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075388

1. Entity Name

PLANET COM. INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91320 050 ***150.00

Principal Place of Business 8390 NW 53RD STREET 101 MIAMI FL 33166	Mailing Address 8390 NW 53RD STREET 101 MIAMI FL 33166
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00066951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8395 N.W. 53 Street Suite, Apt. #, etc. 102	3. Mailing Address 8395 N.W. 53 Street Suite, Apt. #, etc. 102
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-0950448	Applied For Not Applicable
Zip 33166-4698	Country Dado	Zip 33166-4698	Country Dado

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

DANGOND, RAFAEL
8850 S.W. 123RD CT.
MIAMI FL 33166

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, 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 STREET ADDRESS CITY-ST-ZIP	PD DANGOND, RAFAEL 8850 SW 123RD CT MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

RAFAEL DANGOND

Date

Daytime Phone #

305 629-8555

CR2E034 (10/00)