

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90010 035 ***150.00

DOCUMENT # P99000090952

1. Entity Name
ORONOCO NETWORKS, INC.

Principal Place of Business Mailing Address

504 MALAGA AVE. **504 MALAGA AVE.**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

814 Ponce de Leon Blvd. **PO Box 140866**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 301

City & State City & State

Coral Gables Florida **Coral Gables Florida**

Zip Country Zip Country

33134 Dade 33114 Dade



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHINER, HANS V
504 MAIASA AVE
CORAL GABLES FL 33134

⇒ Correction

7. Name and Address of New Registered Agent

Name
Von Shneir Hans

Street Address (P.O. Box Number is Not Acceptable)
504 Malaga Avenue

Coral Gables, Florida 33134

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]* DATE *04/17/2002*

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, 2002 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 VON SHNEIR, HANS 504 MALAGA AVE. CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED *04/17/2002* *305 648 3740*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)