

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 025 ***150.00

DOCUMENT # P99000093500
1. Entity Name

IBN NETWORK CORP.

636225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18136 Clear Brook Circle 18136 Clear Brook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0956086

Applied For
Not Applicable

Zip
33498 Country
USA

Zip
33498 Country
USA

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
Gutierrez, Nicolas J.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue, Suite 1400

City
Miami FL Zip Code
33131

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 Nicolas J. Gutierrez, Jr., Nicolas J. Gutierrez, Jr., Esq., Registered Agent DATE 12/8/01
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent Signature required when changing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD Rangel de Abreu, Ramon [DELETE] 9763 NW 48 Terrace Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Belón Neto, Ítalo 9763 NW 48 Terrace Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPPSD Belón Neto, Ítalo 18136 Clear Brook Circle Boca Raton, FL 33498
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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)(f), 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 as 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: Ítalo Belón Neto, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/01

Date

Signature: Phone #

(305) 373-0330

CR2E034B (12/01)