

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096223

1. Entity Name

AGIL NET COMMUNICATIONS, INC.

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90035 002 ***150.00

Principal Place of Business

600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131

Mailing Address

600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131-2541

00003399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 BRICKELL AVE.

3. Mailing Address

600 BRICKELL

Suite, Apt. #, etc.

SUITE 706

Suite, Apt. #, etc.

SUITE 706

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. ESI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAHRSEN, CARLOS F
600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name CARLOS F. LAHRSEN

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

600 BRICKELL AVE

SUITE 706

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-06-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	LAHRSEN, CARLOS	
STREET ADDRESS	600 BRICKELL AVENUE SUITE 706	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARRAN, GABRIEL	
STREET ADDRESS	600 BRICKELL AVENUE SUITE 706	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAHRSEN, CARLOS	
STREET ADDRESS	600 BRICKELL AVE. SUITE 706	
CITY-ST-ZIP	MIAMI, FL. 33131	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAHRSEN, FELIPE	
STREET ADDRESS	600 BRICKELL AVE. SUITE 706	
CITY-ST-ZIP	MIAMI, FL. 33131	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESCHER, JOSEF	
STREET ADDRESS	600 BRICKELL AVE. SUITE 706	
CITY-ST-ZIP	MIAMI, FL. 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

01-06-00 (305) 358-8952

Date

Daytime Phone #