## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09426  1. Entity Name  AMERICAN NETWORK REAL ESTATE,INC.					Apr 26, 2002 8:00 am Secretary of State 04-26-2002 90020 034 ***150.00			
6365 N.W. 61 SUITE 160	ICE of Business TH WAY . DALE FL 33309	Mailing Address 6365 N.W. 6TH WAY SUITE 160 FT. LAUDERDALE FL 33309	LW. 6TH WAY 160					
2. Principal Place of Business		3. Mailing Address			†	i diali eteli diali (1911)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	65-1025 199		Applied For	]
Zip	Country	Zip	Country	5.	Certificate of Status Desired [	\$8.75 A	dditional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regis			
RENZULLI, EDWARD M 6365 N.W. 6TH WAY SUITE 160			Name Street Addr	t Address (P.O. Box Number is Not Acceptable)				
FT. LAUD	ERDALE FL 33309	City				FL Zip Co	de	
SIGNATURE	e named entity submits this statement for t		egistered office or rec			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, 2002 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RENZULLI, EDWARD M 6365 N.W. 6TH WAY, SUITE 160 FT. LAUDERDALE FL 33309	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	R2E034 (9/01)
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corr	ertify that the information copplied with this on this report or supplemental report is true coration or the receiver of trustee empower or on an attachment with an address.	red to avocate the ren	e exemption stated in eignature shall have t required by Chapter	Section 1 he same le 607, Florid	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; t a Statutes; and that my name app	er certify that the in hat I am an officer ears in Block 11 o	nformation or director r Block 12 if	

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**