## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2002 8:00 am Secretary of State DOCUMENT # V36334 1. Entity Name AMERICAN TELNET, INC. 05-12-2002 90549 032 \*\*\*158.75 Principal Place of Business Mailing Address 855 S.W. 78TH AVENUE 855 S.W. 78TH AVENUE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0343351 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name PARDES, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 855 S.W. 78TH AVENUE PLANTATION FL 33324 City 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, 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LIEBOWITZ, TED NAME STREET ADDRESS 855 SW 78 AVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME PARDES, MICHAEL NAME STREET ADDRESS 855 S.W. 78TH AVE. STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CiTY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME MARKOWITZ, HOWARD NAME STREET ADDRESS 855 S.W. 78TH AVE. STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition **BRAFF. NELSON** NAME NAME STREET ADDRESS 162 E 64 ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIEBOWITZ, SARA NAME STREET ADDRESS 162 E 64 ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 changed, or on an attachment with an address, with all offer like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR