

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004646

1. Entity Name

GBNET CORPORATION

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90286 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1300 SAWGRASS CORPORATE PARKWAY, SUITE 110  
SUNRISE FL 33323

1300 SAWGRASS CORPORATE PARKWAY, SUITE 110  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 87-0645084

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLOW, GARY  
1300 SAWGRASS CORPORATE PARKWAY, SUITE 110.  
SUNRISE FL 33323

Name

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

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, 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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PD ☐ Delete  
NAME PADRON, JOHN MIGUEL  
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY, SUITE 110  
CITY-ST-ZIP SUNRISE FL 33323

TITLE PD ☒ Change ☐ Addition  
NAME PADRON, Jose Miquel  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SANSONE, ANTHONY  
STREET ADDRESS 102 WEST 500 SOUTH, SUITE 320  
CITY-ST-ZIP SALT LAKE CITY UT 84101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SLOVINSKI, JERRY  
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY, SUITE 110  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME REYNOLDS, BRIAN  
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY, SUITE 110  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 (954) 233-0025

CR2E034 (10/00)