

2001 UNIFORM BUSINESS REPORT (UBR)

0008084 AF

DOCUMENT # L00000001755
1. Entity Name
 NET TOTAL, LLC

FILED
 01 APR 16 AM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 25035 SW 128 PLACE 25035 SW 128 PLACE
 MIAMI FL 33032 MIAMI FL 33032

2. Principal Place of Business **3. Mailing Address**
 11200 SW 107 ct 11200 SW 107 ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Miami, FL Miami, FL

Zip **Country** **Zip** **Country**
 33176 Miami-Dade 33176 Miami-Dade

4. FEI Number **Applied For**
 65-0982858 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GONZALEZ, EDUARDO
 25035 SW 128 PLACE
 MIAMI FL 33032

7. Name and Address of New Registered Agent
Name GONZALEZ, EDUARDO
Street Address (P.O. Box Number is Not Acceptable)
 11200 SW 107 ct
City Miami **FL** **Zip Code** 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Eduardo Gonzalez 11200 SW 107 ct MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **Date** 2-26-01 **Daytime Phone #** 305-382-9707

CR2E083 (11/00)