

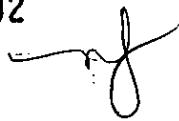
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004123**

1. Entity Name
THE NETTING COMPANY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02




DO NOT WRITE IN THIS SPACE

Principal Place of Business 1411 NE 103RD STREET MIAMI SHORES FL 33138	Mailing Address 1411 NE 103RD STREET MIAMI SHORES FL 33138-2625
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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 **65-0933489** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

AITKEN, JOSE G
1411 NE 103RD STREET
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

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

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

400003383664--0
-09/06/00--01075--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM AITKEN, JOSE G 1411 NE 103RD STREET MIAMI SHORES FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM LIS, EVA MARIA 1411 NE 103RD STREET MIAMI SHORES FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: SIGNATURE REQUIRED 7/18/2000 (305) 756-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)