

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009219 AF

DOCUMENT # **L99000004123**

1. Entity Name  
**THE NETTING COMPANY LLC**

FILED

01 MAY -1 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1411 NE 103RD STREET  
MIAMI SHORES FL 33138**

Mailing Address  
**1411 NE 103RD STREET  
MIAMI SHORES FL 33138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0933489**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM AITKEN, JOSE G**  
STREET ADDRESS **1411 NE 103RD STREET**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM LIS, EVA MARIA**  
STREET ADDRESS **1411 NE 103RD STREET**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **300004274313-5**  
CITY-ST-ZIP **-05/21/01-01152-004**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jose Aitken*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*April 27, 2001* (305) 756-8004  
Date Daytime Phone #

CR2E083 (11/00)