

2000 UNIFORM BUSINESS REPORT (UBR)

FILED *WLS/11*
00 MAY 11 PM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *L 99000004305*
1. Entity Name
NETCELL L.L.C.

Principal Place of Business Mailing Address
4805 N.W. 79 AVE # 16
MIAMI, FLORIDA 33166

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 *65-0933635* Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LUIS ARISTEIGUIETA
4805 N.W. 79 AVE #16
MIAMI FLORIDA 33166

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 *[Signature]* DATE *05/10/00*



| 9. MANAGING MEMBERS / MEMBERS | |
|--|---|
| TITLE <i>MGRM</i> NAME STREET ADDRESS CITY-ST-ZIP | <i>LUIS ARISTEIGUIETA</i> <input type="checkbox"/> Delete <i>4805 N.W. 79 AV. #16</i> <i>MIAMI, FL. 33166</i> |
| TITLE <i>MGRM</i> NAME STREET ADDRESS CITY-ST-ZIP | <i>RICARDO DE FREITAS</i> <input type="checkbox"/> Delete <i>4805 N.W. 79 AV. #16</i> <i>MIAMI, FL. 33166</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*****50.00 Change *****50.00

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]* DATE *05/10/00* 305-468-9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER