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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70054102

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124767

1. Entity Name
NETCERTUS, INC.



Principal Place of Business
2520 NW 97TH AVE STE #230
MIAMI, FL 33172

Mailing Address
2520 NW 97TH AVE STE #230
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address
3306 Mills DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

696

City & State

City & State
Miami, FL 33183-4R58

4. FEI Number
54-2083210

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAL, RUTH
2520 NW 97TH AVE STE #230
MIAMI, FL 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of signatory agent and title if applicable.

NOTE: Registered Agent Signature required when changing.

DATE

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TURCO, ROBERTO
2520 NW 97TH AVE STE #230
MIAMI, FL 33172 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIMA, RACHEL C
2520 NW 97TH AVE STE #230
MIAMI, FL 33172 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
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CITY-ST-ZIP
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: Rachel Corvia Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR

04/25/03

Date

55+21+22386109

Current Fees

CPRE0304 (10/02)