

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 007 ***150.00

DOCUMENT # P97000033492

1. Entity Name
NETVENTURE TECHNOLOGIES, INC.

Principal Place of Business 12649 SUNSET BLVD. ROYAL PALM BEACH FL 33411	Mailing Address 12649 SUNSET BLVD. ROYAL PALM BEACH FL 33411-8521
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2. Principal Place of Business 1490 S. MILITARY TRAIL	3. Mailing Address 1490 S. MILITARY TRAIL
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Suite, Apt. #, etc. #13F	Suite, Apt. #, etc. #13F
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
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Zip 33415	Country USA	Zip 33415	Country USA
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4. FEI Number 65-0746771	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVRIES, JAMES R
12649 SUNSET BLVD.
ROYAL PALM BEACH FL 33411

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete D DEVRIES, JAMES R 12649 SUNSET BLVD. ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Devries* 4/26/2000 561-966-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)