

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 031 ***150.00

DOCUMENT # P97000081808 ✓
 Entity Name
NetCFO, Inc.

Principal Place of Business Mailing Address
596 Riverside Drive
Coral Springs, FL 33071

00052732

Principal Place of Business 3. Mailing Address
596 Riverside Drive Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Coral Springs, FL
 Zip Country
33071

4. FEI Number Applied For
65-0784082 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jorge Puente-Duany
21095 Water Oak Terr
Boca Raton, FL 33428

7. Name and Address of New Registered Agent
 Name Jorge Puente-Duany
 Street Address (P.O. Box Number is Not Acceptable) 596 Riverside Drive
 City Coral Springs FL Zip Code 33071

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 Jorge Puente-Duany Jorge Puente-Duany 4/28/2000
Signature, typed or printed name of registered agent and title if applicable. DATE Registered Agent signature required when reappointing.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

1. OFFICERS AND DIRECTORS

TITLE	Pres.	<input checked="" type="checkbox"/> Delete
NAME	<u>Jorge Puente-Duany</u>	
STREET ADDRESS	<u>21095 Water Oak Terr</u>	
CITY-ST-ZIP	<u>Boca Raton, FL 33428</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jorge Puente-Duany</u>	
STREET ADDRESS	<u>596 Riverside Drive</u>	
CITY-ST-ZIP	<u>Coral Springs, FL 33071</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jorge Puente-Duany Pres. Jorge Puente-Duany 4/28/2000 954-344-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)