FILED

305-822-4055

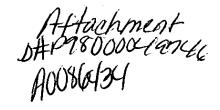
Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 17, 2001 8:00 am Secretary of State P98000049746 DOCUMENT # 1. Entity Name NETCOM COMPUTER SERVICES, INC. 09-17-2001 90152 017 ***150 00 Principal Place of Business Mailing Address 4026 W. 12TH AVE 4026 W. 12TH AVE HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE --- City & State Applied For City & State 4. FEI Number 65-084 1840 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORBOŁLA, DAGOBERTO Street Address (P.O. Box Number is Not Acceptable) 6545 WEST 26TH DRIVE **UNIT 12** HIALEAH FL 33016 City Zip Code FL 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 9-12-01 ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (5/01) TITLE ☐ Delete BORBOLLA, DAGOBERTO Change ☐ Addition **BORBOLLA, DAGOBERTO** NAME 7537 W'24 Ne 4026 W 12 AVE STREET ADDRESS STREET ADDRESS HIALEAH, FL. CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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





Sales • Service • Support

To Whom It May Concern:

I am enclosing a total amount of \$150.00 for my 2001 Uniform Business Report.

The reason for this, is that I never received any type of notice prior to this one.

I feel that I am responsible for the normal amount of \$150.00 for the Uniform Business Report.

I have obtained a certified mail from the post office to confirm prompt delivery.

If you have any questions, please feel free to reach me below.

Thank you.