

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90152 017 \*\*\*150.00

**DOCUMENT # P98000049746**

1. Entity Name  
**NETCOM COMPUTER SERVICES, INC.**

Principal Place of Business  
**4026 W. 12TH AVE**  
**HIALEAH FL 33016**

Mailing Address  
**4026 W. 12TH AVE**  
**HIALEAH FL 33016**

*(LA)*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0841840**

Applied For  
 Not Applicable

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

**BORBOLLA, DAGOBERTO**  
**6545 WEST 26TH DRIVE**  
**UNIT 12**  
**HIALEAH FL 33016**

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 *Dagoberto Borbolla*  
 Signature, typed or printed name of registered agent and title if applicable.

**9-12-01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**  
**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>BORBOLLA, DAGOBERTO</b> <b>4026 W 12 AVE</b> <b>HIALEAH FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>BORBOLLA, DAGOBERTO</b> <b>7537 W 24 AVE</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Dagoberto Borbolla* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-12-01**  
 Date

**305-822-4055**  
 Daytime Phone #

CR2E034 (5/01)

# NETCOM

COMPUTER SERVICES

Attachment  
DA# P980000-12746  
A0086/34

*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.