

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

0142999 AV

**DOCUMENT # P98000049746**

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

01-21-2002 90042 037 \*\*\*150.00

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

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



2. Principal Place of Business  
**7537 W 24 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7537 W 24 AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>HIALEAH FL</b>	City & State <b>HIALEAH FL</b>	4. FEI Number <b>65-0841840</b>	Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>

Zip <b>33016</b>	Country <b>USA</b>	Zip <b>33016</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BORBOLLA, DAGOBERTO**  
**6545 WEST 26TH DRIVE**  
**UNIT 12**  
**HIALEAH FL 33016**

7. Name and Address of New Registered Agent  
 Name **BORBOLLA, DAGOBERTO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7537 W 24 AVE**  
 City **HIALEAH FL** Zip Code **33016**

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 Bobolla* DATE 1-8-02  
Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BORBOLLA, DAGOBERTO 7537 W 24 AVE HIALEAH FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 Bobolla* **REQUIRED** DATE 1-8-02 DAYTIME PHONE # 305-822-9055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)