

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

DOCUMENT # P98000053685

1. Entity Name

NETCOM LATIN AMERICA, INC.

01-26-2000 90130 042 ***150.00

Principal Place of Business 714 HERITAGE DRIVE WESTON FL 33326	Mailing Address 714 HERITAGE DRIVE WESTON FL 33326-4539
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80007709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10242 NW 47 Street Suite, Apt. #, etc. 42	3. Mailing Address SAME Suite, Apt. #, etc. "
City & State FORT LAUDERDALE, FL	City & State "
Zip 33351	Country USA

4. FEI Number 65-0844810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORJUELA, MARIA 714 HERITAGE DRIVE WESTON-FL-33326	7. Name and Address of New Registered Agent Name RANIERI A. MESTRONI Street Address (P.O. Box Number is Not Acceptable) 10242 NW 47th Street, Suite 42 City Fort Lauderdale FL Zip Code 33351
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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

Ranieri A. Mestroni

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN-20-2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORJUELA, MARIA 714 HERITAGE DRIVE WESTON FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RANIERI A. MESTRONI 10242 NW 47 St. Suite 42 FORT LAUDERDALE, FL, 33351 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/>
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"/> Additor
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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"/> Additor

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:

Ranieri A. Mestroni
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-20-2000 (954) 578-0077

Date

Daytime Phone #