

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90006 009 ***550.00

U.S. 32 1A

DOCUMENT # P98000053685
 1. Entity Name
NETCOM LATIN AMERICA, INC.

Principal Place of Business 10242 NW 47 ST 42 FORT LAUDERDALE FL 33351	Mailing Address 10242 NW 47 ST 42 FORT LAUDERDALE FL 33351
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COA74242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12555 Orange Dr. Suite, Apt. #, etc. # 103 City & State Davie	3. Mailing Address 12555 Orange Dr Suite, Apt. #, etc. # 103 City & State Davie
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4. FEI Number 65-0844810	Applied For Not Applicable
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Zip 33330	Country Broward	Zip 33330	Country Broward
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MESTRONI, RANIERI A
 10242 NW 47TH ST STE 42
 FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent
 Name **MESTRONI, Ranieri A**
 Street Address (P.O. Box Number is Not Acceptable)
12555 Orange Dr. # 103
 City **Davie** FL Zip Code **33330**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORJUELA, MARIA 714 HERITAGE DRIVE WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORJUELA, MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4461 SAGO CIR. WESTON FL 33331
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"/> Change <input type="checkbox"/> Addition
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"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)