

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 047 ***150.00

DOCUMENT # P99000067552

1. Entity Name

NETCOM GLOBAL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

18 NE 2ND AVENUE
 DANIA BEACH FL 33004

18 NE 2ND AVENUE
 DANIA BEACH FL 33004-4807

2. Principal Place of Business

3900 NW 79th Ave.

3. Mailing Address

3900 NW 79th Ave.

Suite, Apt. #, etc.

482

Suite, Apt. #, etc.

482

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0792938

Applied For

Not Applicable

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

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

GARCIA, SERAFIN JR
 10268 NW 51ST TERRACE
 MIAMI FL 33178

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

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 \$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	P	<input type="checkbox"/> Delete
NAME	AKKOYUNLU, ATILLA	
STREET ADDRESS	1529 YELLOWHEART WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, SERAFIN JR	
STREET ADDRESS	10268 NW 51ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, BELKIS BARBARA	
STREET ADDRESS	17935 NW 66 COURT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

4-10-00

Date

305-592-4008

Daytime Phone #

CR2E034 (9/99)