

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086561

1. Entity Name  
NET-COM PRODUCTS, INC.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90086 046 \*\*\*150.00

Principal Place of Business  
5205 N.W. 161 STREET  
MIAMI FL 33014

Mailing Address  
P.O. BOX 5200  
MIAMI FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

MIJARES, MICHAEL J  
5205 N.W. 161 STREET  
MIAMI FL 33014

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIJARES, MICHAEL J 5205 N.W. 161 STREET MIAMI FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

8-7-00 Date

620-2020 Daytime Phone #

CR2E034 (5/00)

Attachment: 1 DOC #: 44000086261  
2 DOC #: P99000086562  
#0072207

  
**RACKS UNLIMITED, INC.**  
A DIVISION OF NET-COM PRODUCTS

August 2, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

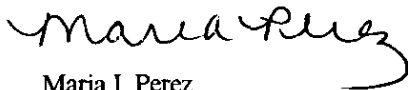
RE: 2000 Uniform Business Report  
Racks Unlimited, Inc. and Net-Com Products, Inc.

Dear Sir or Madam:

We are enclosing the 2000 UBR for the above referenced companies. We did not received the first UBR's that were mailed to us in order to timely file by May 1, 2000. It appears that there was a problem with the post office box. In addition these are new corporations that were set up in September 1999, we were unaware that the UBR were required for the year 2000 since the corporations were formed less than one year ago.

We respectfully request that the \$400.00 late filing fee be waived. If you should have any questions please contact us at 305-620-2020.

Sincerely,



Maria I. Perez