

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008451

1. Entity Name

NETSICS TECHNOLOGY GROUP USA, LLC

Principal Place of Business

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

2. Principal Place of Business

2121 Ponce de Leon Blvd

3. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 850

Suite, Apt. #, etc.

Suite 850

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and Address of Current Registered Agent

ALLEN & GALEGO  
601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

4. FEI Number

04-3647978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of New Registered Agent

Name

Daniel Garcia

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce de Leon Suite 850

City

Coral Gables

FL

Zip Code

33134

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Manager Daniel Garcia 2121 Ponce de Leon Suite 850 Coral Gables, FL 33134	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3/18/02 305489067 ex 17

FILED

May 01, 2002 8:00 am  
Secretary of State

03-28-2002 90125 047 \*\*\*\*50.00

27176



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)