

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000828

1. Entity Name
NET COMMUNICATIONS CORP.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90280 048 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2635 CAMINO DEL RIO SOUTH #111
SAN DEIGO CA 92108

Mailing Address
2635 CAMINO DEL RIO SOUTH #111
SAN DEIGO CA 92108

2. Principal Place of Business
591 CAMINO DE LA REYNA
Suite, Apt. #, etc.
SUITE 1120
City & State
SAN DIEGO, CALIFORNIA

3. Mailing Address
591 CAMINO DE LA REYNA
Suite, Apt. #, etc.
SUITE 1120
City & State
SAN DIEGO, CA.

Zip
92108
Country
USA

Zip
92108
Country
USA

4. FEI Number 52-2114243
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARACORP INCORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
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 _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, LUCIO 2635 CAMINO DEL RIO SOUTH #111 SAN DEIGO CA 92108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORELOS, EDGARDO 2635 CAMINO DEL RIO SOUTH #111 SAN DEIGO CA 92108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LUCIANO, MARCOS 2635 CAMINO DEL RIO SOUTH #111 SAN DEIGO CA 92108 <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	PD RODRIGUEZ, LUCIO 591 CAMINO DE LA REYNA SUITE 1120 SAN DIEGO, CA. 92108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORELOS, EDGARDO 591 CAMINO DE LA REYNA SUITE 1120 SAN DIEGO, CA. 92108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LUCIANO, MARCOS 591 CAMINO DE LA REYNA SUITE 1120 SAN DIEGO, CA. 92108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF ADMINISTRATION OFFICER RODRIGUEZ, ROBERTO 591 CAMINO DE LA REYNA SUITE 1120 SAN DIEGO CA. 92108 <input type="checkbox"/> Change <input checked="" 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: ROBERTO RODRIGUEZ 02/01/01 619-2918841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)