

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90095 012 \*\*\*\*55.00

DOCUMENT # L000000007765

1. Entity Name

NETBIZ GROUP LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9336 NW 50 Doral Cir. N.

Suite, Apt. #, etc.

3. Mailing Address

9336 NW 50 Doral Cir. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1027231

Applied For

Not Applicable

Zip

33178

Country

Miami - Dade

Zip

33178

Country

Miami - Dade

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS MARINA

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

9336 NW 50 Doral Cir. N.

City

Miami

FL

Zip Code

33178

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR.  
CARLOS H. MARINA  
9336 NW 50 Doral Cir. N.  
Miami, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUSTAVO CASTENETTO  
9336 NW 50 Doral Cir. N.  
Miami, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRUNO CASTENETTO  
9336 NW 50 Doral Cir. N.  
Miami, FL 33178

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

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:

CARLOS H. MARINA

6/10/02

786-514-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #