

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90125 044 \*\*\*\*50.00

**DOCUMENT # L01000007322**

1. Entity Name

**NETSICS TECHNOLOGY GROUP, 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**

23744

2. Principal Place of Business

**2121 Ponce de Leon Blvd**  
Suite, Apt. #, etc.

**850**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

3. Mailing Address

**2121 Ponce de Leon Blvd**  
Suite, Apt. #, etc.

**850**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

4. FEI Number

**65-1105689**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Daniel Garcia**

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

**2121 Ponce de Leon #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 reinstating)

DATE

**4/11/02**

**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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition  
**Daniel Garcia**  
**2121 Ponce de Leon Suite 850**  
**Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(CEO) 3/18/02 3054459005 ext 17**

CR2E083 (9/01)