

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-28-2002 90124 018 ****50.00

DOCUMENT # L01000014593

1. Entity Name

NETSICS INTERNATIONAL, 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

86008

2. Principal Place of Business

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite #850

City & State

Coral Gables, FL

Zip

33134

Country

USA

2. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 850

City & State

Coral Gables, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

FBI Number

75-3032953

Applied For

Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

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 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

[Handwritten Signature]

(CEO) MANAGER

4/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

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
(CEO) MANAGER	Daniel Garcia	2121 Ponce de Leon #850	Coral Gables, FL 33134		

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:

[Handwritten Signature] MANAGER (CEO) 3/18/02

305 449 065 ext 17

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

Date

Daytime Phone #

CR2E083 (9/01)