2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 07, 2000 8:00 am Secretary of State M 146/2 **DOCUMENT #** 1. Entity Name NETWORK INVESTMENTS, INC. 06-07-2000 90433 035 ***150.00 Mailing Address Principal Place of Business 6255 Bird Road 6255 Bird Road Miami, FL 33155 Miami, FL 33155 D0059018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 255 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZULUETA, IGNACIO G. Street Address (P.O. Box Number is Not Acceptable) 6255 Bird Rd Miami, FL 33155 Zip Code FL 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition ☐ Change ☐ Delete TITLE TITLE D-S NAME NAME ZULUETA, IGNACIO STREET ADDRESS STREET ADDRESS 6255 Bird Road Miami, FL 33155 CITY-ST-ZIP CITY-ST-ZIP f ☐ Change Addition Delete NAME ZULUETA, JORGE A. STREET ADDRESS STREET ADDRESS 6255 Bird Rd CITY-ST-ZIP CITY-ST-ZIP <u> Miami, FL 33155</u> Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this time does not chalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental report is to each 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 error were to execute his 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 w Ignacio G. Zulueta SIGNATURE: PTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO