2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000008916 NETECH SOLUTIONS OF FLORIDA, INC. 04-28-2001 90095 047 ***150.00 Principal Place of Business Mailing Address 7401 PINES BLVD. #214 7401 PINES BLVD. #214 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 D0043153 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 🗶 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, PATRICK E Street Addre 7401 PINES BLVD. #214 PEMBROKE PINES FL 33024 8. The above named ent this statement for the Jurpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT Change TITLE TITLE **∑** Delete PATRICK E. BROWN BROWN, PATRICK E NAME NAME STREET ADDRESS 7401 PINES BLVD. #214 STREET ADDRESS 7750 NW 6 ST CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP Pembroke pines, Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 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 changed, or on an attachment y SIGNATURE: