03/06/2003 17:52 3052675848

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Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 044 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017828

1. Entity Name
NETWORK SYSTEMS & SUPPLIES, INC.

Principal Place of Business
8285 NORTHWEST 186TH STREET
SUITE #601
MIAMI, FL 33015

Mailing Address
8285 NORTHWEST 186TH STREET
SUITE #601
MIAMI, FL 33015

2. Principal Place of Business: 877 NW 208 Drive
Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL.
Zip: 33029 Country: USA

3. Mailing Address: 877 NW 208 Drive
Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL.
Zip: 33029 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0883010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, RICARDO H
8285 NORTHWEST 186TH STREET
SUITE #601
MIAMI, FL 33015

7. Name and Address of New Registered Agent
Name: ALVAREZ RICARDO H
Street Address (P.O. Box Number is Not Acceptable): 877 NW 208 Drive
City: PEMBROKE PINES FL Zip Code: 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ricardo H Alvarez DATE: 03/06/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVAREZ, RICARDO H 8285 NORTHWEST 186TH STREET SUITE #601 MIAMI, FL 33015. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Alvarez Ricardo H 877 NW 208 DRIVE Pembroke Pines, FL 33029 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ricardo H Alvarez 3-04-03 305 761 1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)