2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000040767**

1. Entity Name
NITROGEN NETWORKS, INC.

Principal Place of Business	Mailing Address
226 SIDONIA AVE #3	226 SIDONIA AVE #3
CORAL GABLES FL	CORAL GABLES FL
33134	33134

2. Principal Place of Business	3. Mailing Address
2307 S. DOUGLAS RD.	P.O. BOX 144573
Suite, Apt. #, etc.: 501	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State: CORAL GABLES FL
Zip: 33145 Country:	Zip: 33114 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-1005048** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEZUMAGA CARLOS M
226 SIDONIA AVE #3
CORAL GABLES FL
33134

7. Name and Address of New Registered Agent

Name: SEZUMAGA CARLOS M
Street Address (P.O. Box Number is Not Acceptable): 2307 S. DOUGLAS RD
501
City: MIAMI **FL** Zip Code: 33145

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 **CARLOS M. SEZUMAGA** 07/06/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: CEO NAME: SEZUMAGA CARLOS MMR STREET ADDRESS: 2307 S. DOUGLAS RD. SUITE 501 CITY-ST-ZIP: MIAMI FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos M. Sezumaga CEO 07/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #