

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058268

1. Entity Name
NETWORK CONSULTANTS INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90184 046 ***158.75

Principal Place of Business
**2400 E COMMERCIAL BLVD. #624
FT. LAUDERDALE FL 33308**

Mailing Address
**2400 E COMMERCIAL BLVD. #624
FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3370 Hidden Bay Dr.

3. Mailing Address
3370 Hidden Bay Dr.

Suite, Apt. #, etc.
1903

Suite, Apt. #, etc.
1903

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number
59-3663051

Applied For
☐ Not Applicable

Zip Country
33180 USA

Zip Country
33180 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, FERNANDO M
2400 E COMMERCIAL BLVD. #624
FT. LAUDERDALE FL 33308**

Name
FERNANDO M RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

3370 Hidden Bay Dr. # 1903

City Zip Code
AVENTURA FL 33180

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

(NOTE: Registered Agent signature required when reinstating)

2/04/01
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 **PRESIDENT** ☐ Delete
NAME **FERNANDO M RODRIGUEZ**
STREET ADDRESS **3370 Hidden Bay Dr. #1903**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **FERNANDO M. RODRIGUEZ** 2/04/01 954-489-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)