

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90061 028 \*\*\*150.00

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**DOCUMENT # P00000062946**

1. Entity Name  
**NETUNO, INC.**

**STATE OF FLORIDA**

Principal Place of Business  
**2200 NW CORPORATE BOULEVARD**  
**SUITE 308**  
**BOCA RATON FL 33431**

Mailing Address  
**2200 NW CORPORATE BOULEVARD**  
**SUITE 308**  
**BOCA RATON FL 33431**



2. Principal Place of Business  
**10305 NW 41st St**  
 Suite, Apt. #, etc.  
**Suite 223**

3. Mailing Address  
**10305 NW 41st St**  
 Suite, Apt. #, etc.  
**Suite 223**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**

City & State  
**Miami, FL**

4. FEI Number **65-1022470** Applied For ☐ Not Applicable ☐

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

Zip **33178** Country **33178** Zip **33178** Country

6. Name and Address of Current Registered Agent  
**BONALDO, LUCIANO**  
**2200 NW CORPORATE BOULEVARD**  
**SUITE 308**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name **Bonaldo, Luciano**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10305 NW 41st St Suite 223**  
**Miami**  
 City **FL** Zip Code **33178**

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, 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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONALDO, LUCIANO</b>		NAME	<b>Bonaldo, Luciano</b>	
STREET ADDRESS	<b>2200 NW CORPORATE BOULEVARD #308</b>		STREET ADDRESS	<b>10305 NW 41st St Suite 223</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		CITY-ST-ZIP	<b>Miami, 33178</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **4/4/02** **305-513-0904**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)