

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000107383**1. Entity Name  
NET-BUSINEX ENTERPRISES, INC.

Principal Place of Business 2000 ISLAND BLVD APT 710  AVENTURA FL 33160	Mailing Address 2000 ISLAND BLVD APT 710  AVENTURA FL 33160
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2. Principal Place of Business 2600 ISLAND BLVD	3. Mailing Address 2000 ISLAND BLVD
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Suite, Apt. #, etc. SUITE 1404	Suite, Apt. #, etc. SUITE 1404
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City & State AVENTURA FL	City & State AVENTURA FL
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Zip 33160	Country	Zip 33160	Country
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4. FEI Number ☐ Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NAVARRO RAFAEL TORRES  
2000 ISLAND BLVD APT 710  
  
AVENTURA FL 33160**7. Name and Address of New Registered Agent**Name  
NAVARRO RAFAEL TORRES  
Street Address (P.O. Box Number is Not Acceptable)  
2600 ISLAND BLVD  
SUITE 1404  
City  
AVENTURA FL Zip Code  
33160

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 **CAMILO****02/11/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZAMBRANO LUCIA 2000 ISLAND BLVD APT 710 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVARRO RAFAEL TORRES 2000 ISLAND BLVD APT 710 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZAMBRANO LUCIA 2600 ISLAND BLVD SUITE 1404 AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVARRO RAFAEL TORRES 2600 ISLAND BLVD SUITE 1404 AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CAMILO**

DP

02/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)