

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90710 008 \*\*\*150.00

40401

DOCUMENT # **P01000012195**

1. Entity Name  
**NETWORK SYSTEMS SOLUTIONS, INC.**

Principal Place of Business Mailing Address  
**407 LINCOLN ROAD SUITE 5-B 407 LINCOLN ROAD SUITE 5-B**  
**MIAMI BEACH FL 33139 MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address  
**407 Lincoln rd. 407 Lincoln rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**500 500**

City & State City & State  
**Miami Beach FL Miami Beach FL**  
 Zip Zip Country Country  
**33139 33139**

4. FEI Number Applied For  
**65-1072431 Not Applicable**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRITO, LUIS G**  
**407 LINCOLN ROAD SUITE 5-B**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name **Karen Garelá Méndez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14548 S.W. 95th Ln**  
 City **Miami** FL Zip Code **33186**

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 *Karen Garelá Méndez* (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO CANTERAS, WAGNER G 7931 E DRIVE #401 NBV FL 33141</b>	<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
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	<b>PO CANTERAS, WAGNER G 2519 Washington St. Hollywood, FL 33020</b>	<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: *Karen Garelá Méndez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/2002 (305) 761-5999  
 Date Daytime Phone #

CR2E034 (9/01)