## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P01000023854 DOCUMENT # 1. Entity Name 05-22-2002 90073 022 \*\*\*150.00 NETWORK & COMPUTER TECHNOLOGY, INC. Mailing Address Principal Place of Business 15716 SW 26TH STREET 15716 SW 26TH STREET HOLLYWOOD FL 33027 HOLLYWOOD FL 33027 3. Mailing Address Principal Place of Business 4863 2 Are 4863 NW ฆพ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable พเฉพเ MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEJIA, RAMON A Street Address (P.O. Box Number is Not Acceptable) 15716 SW 26TH STREET HOLLYWOOD FL 33027 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Taxfiling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GARCIA, MANUEL A 15716 SW 26TH STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete MEJIA, RAMON A NAME NAME STREET ADDRESS 15716 SW 26TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33027 Change TITIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 add Illother like empowered

RICOUR

Daytime Phone #

Date