FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-30-2002 91602 043 ***150.00

DOCUMENT # P01000046529

1. Entity Name
NETPATIO SYSTEMS, INC

DO NOT WRITE IN THIS SPACE

96017

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2. Principal Place of Business	3. Mailing Address
5102 NW 79 AVE	5102 NW 79 AVE
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 04-3668722 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PALMA, RAUL J

Street Address (P.O. Box Number is Not Acceptable): 5102 NW 79 AVE #302

City: MIAMI FL Zip Code: 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	PALMA, RAUL J
STREET ADDRESS	5102 NW 79 AVE #302
CITY-ST-ZIP	MIAMI FL 33166
TITLE	SD
NAME	CONTRERAS, KARLA P
STREET ADDRESS	5102 NW 79 AVE #302
CITY-ST-ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raul J Palma 5-22-02 305 218 9407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #