
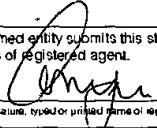
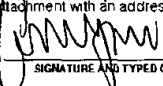


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91150 027 \*\*\*150.00

<b>DOCUMENT # P01000060968</b>			
1. Entity Name <b>NETWORK CONCEPTIONS, INC.</b>			
Principal Place of Business 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181		Mailing Address 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181	
2. Principal Place of Business 12550 Biscayne Blvd		3. Mailing Address PO Box 610474	
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc.	
City & State North Miami, FL		City & State North Miami, FL	
Zip 33181	Country USA	Zip 33261	Country USA
4. FEI Number 65-1114168		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONCEPCION, YOLANDA M. 12550 BISCAYNE BLVD STE 407 NO MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Concepcion, Yolanda M. Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd Suite 305 City North Miami FL Zip Code 33181	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Yolanda M. Concepcion May 1, 2003 <small>(NOTE: Registered Agent signature required when reconstituted)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONCEPCION, YOLANDA M 12550 BISCAYNE BLVD STE 407 NO MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Concepcion, Yolanda M. 12550 Biscayne Blvd Suite 305 North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Yolanda M. Concepcion May 1, 2003 305-981-2121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Cayman Phone #	



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)