

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90027 047 ***150.00

DOCUMENT # P01000065939

1. Entity Name
NETCELL II, INC.

Principal Place of Business
4315 NW 7TH STREET #40
MIAMI FL 33126

Mailing Address
4315 NW 7TH STREET #40
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3900 NW 79TH AVE
 Suite, Apt. #, etc. **569**

3. Mailing Address
3900 NW 79TH AVE
 Suite, Apt. #, etc. **# 569**

City & State
MIAMI SPRING FL
 Zip **33166** Country **USA**

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MIAMI SPRING FL
 Zip **33166** Country **USA**

4. FEI Number **651118131** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NAVIA, PATRICIA
4315 NW 7TH STREET #40
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **LUIS ARISTIGUIETA**
 Street Address (P.O. Box Number is Not Acceptable)
8205 LAKE DR #102
 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 **1-23-02**
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)

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	PTD ARISTIGUIETA, LUIS 8205 LAKE DRIVE #102 MIAMI FL 33166	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-23-02** Daytime Phone #

0196658 AV

CR2E034 (9/01)