

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000072587****1. Entity Name**  
**NETBAY ASSOCIATES, INC.****FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90013 026 \*\*\*150.00

**Principal Place of Business**  
C/O JORGE LUIS CARMONA  
PO BOX 163835  
MIAMI FL 33116**Mailing Address**  
C/O JORGE LUIS CARMONA  
PO BOX 163835  
MIAMI FL 33116**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

65-1126386

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CARMONA, JORGE LUIS**~~15606 SW 74TH CIR. DR., APT. 8~~**MIAMI FL 33193**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(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.**  
(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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete  
**NAME** **CARMONA, JORGE LUIS**  
**STREET ADDRESS** **15606 SW 74TH CIR. DR., APT. 8**  
**CITY-ST-ZIP** **MIAMI FL 33193****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **MEIRELES, RENE RICARDO**  
**STREET ADDRESS** **14230 SW 166TH ST.**  
**CITY-ST-ZIP** **MIAMI FL 33177****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **DABREO, ANDRE CARLTON**  
**STREET ADDRESS** **9740 SW 216TH TERRACE**  
**CITY-ST-ZIP** **MIAMI FL 33190****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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 without an address, with all other like empowered.****SIGNATURE:****JORGE LUIS CARMONA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/02 (305) 752-7429

CR2E034 (9/01)