

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 001 ***158.75

DOCUMENT # *P01000084257*

1. Entity Name

NettWorks TECHNOLOGY Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6700 NW 186th

3. Mailing Address

18520 NW 67th Avenue

Suite/Apt. #, etc.

404

Suite/Apt. #, etc.

192

City & State

City & State

MIAMI LAKES, FL

MIAMI LAKES, FL

Zip

Country

Zip

Country

33015

USA

33015

USA

4. FEI Number

65-1120413

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DION HUTCHINSON

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

2140 N. SHERMAN Circle Apt 204

MIAMI

City

FL

Zip Code

33025

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 *Dion Hutchinson*

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

(NOTE: Registered Agent signature required when reinstating)

04-22-02

DATE

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

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January 1 - May 1 Fee is \$180.00

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *R/D*
NAME *SHELDON FERDINAND JOHN*
STREET ADDRESS *18520 NW 67th Avenue Apt 192*
CITY-ST-ZIP *MIAMI LAKES - FL - 33015*

TITLE *V*
NAME *DION HUTCHINSON*
STREET ADDRESS *2140 N SHERMAN Circle #204*
CITY-ST-ZIP *MIAMI - FL - 33025*

TITLE *T/S*
NAME *DION HUTCHINSON*
STREET ADDRESS *2140 N SHERMAN Circle #204*
CITY-ST-ZIP *MIAMI - FL - 33025*

TITLE *C*
NAME *VERNON MARTIN*
STREET ADDRESS *3201 NW 174th Street*
CITY-ST-ZIP *MIAMI - FL - 33056*

TITLE *M*
NAME *ELLIS PEET*
STREET ADDRESS *6970 NW 186th Street #204*
CITY-ST-ZIP *MIAMI - FL - 33015*

TITLE *D*
NAME *SHARON J. CALIX*
STREET ADDRESS *1428 Brickell Avenue (Penthouse)*
CITY-ST-ZIP *MIAMI - FL - 33131*

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**DO NOT WRITE
IN THIS SPACE**

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: *Sheldon F. John*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON F. JOHN (PRESIDENT)

4-22-02

Date

(786) 546.8578

Daytime Phone #