

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90487 035 \*\*\*170.00

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**DOCUMENT # P01000084257**

1. Entity Name

**NETWORKS TECHNOLOGY GROUP, INC.**



Principal Place of Business

6700 NW 186 ST., APT. 404  
MIAMI-LAKES FL 33015

Mailing Address

18520 NW 67TH AVE  
SUITE 192  
MIAMI LAKES, FL 33015

2. Principal Place of Business

3. Mailing Address

3600 S. ST RD 7

Suite, Apt. #, etc.

305

City & State

MIRAMAR FL

Zip

33023

Country

USA

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1120413

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

HUTCHINSON, DION  
2140 N. SHERMAN CIRCLE  
APT.#204  
MIRAMAR FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-08-03

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME JOHN, SHELDON F  
STREET ADDRESS 18520 N.W. 67TH AVENUE - APT.#192  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTS ☐ Delete  
NAME HUTCHINSON, DION  
STREET ADDRESS 2140 N SHERMAN CIRCLE #204  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME MARTIN, VERNON  
STREET ADDRESS 3201 N.W. 174 STREET  
CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M ☒ Delete  
NAME PEET, ELLIS  
STREET ADDRESS 6970 N.W. 186 STREET #204  
CITY-ST-ZIP HIALEAH FL 33015

TITLE M ☒ Change ☐ Addition  
NAME STORR, NICHOLAS  
STREET ADDRESS 20730 NW 17th Ave #307  
CITY-ST-ZIP Miami FL 33169

TITLE D ☒ Delete  
NAME CALIX, SHARON J  
STREET ADDRESS 1428 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

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

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:

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-03

Date

954.650.8390

Daytime Phone #

CR2E034 (10/02)

Attachment

10085866

#P01000084257

We also need Articles  
of INC. To be sent with  
Certification of STATUS

Thank you

