2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-03-2003 90147 004 ***158.75
P02000001219

FILED
03 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001219

1. Entity Name
NETWORK MARKETING CORP.

Principal Place of Business
10000 NW 80 CT BUILDING 2 SUITE 2136
HIALEAH GARDENS FL 33016

Mailing Address
10000 NW 80 CT BUILDING 2 SUITE 2136
HIALEAH GARDENS FL 33016

2. Principal Place of Business: 17756 S.W. 8th ST
Suite, Apt. #, etc.: 205
City & State: MIAMI FL
Zip: 33135 Country: DADE

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 216-0006242 Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMAYA, RUDOLF R
~~10000 NW 80 CT BUILDING 2 SUITE 2136~~ 10000 NW 80 Ct
~~HIALEAH GARDENS FL 33016~~ Bldg 2 ST 2136
Hialeah Gardens Fl 33016

7. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AMAYA, RUDOLF R 10000 NW 80 CT BUILDING 2 SUITE 2136 HIALEAH GARDENS FL 33016 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLDO J. Herrera 16540 SW 99th ST MIAMI Fl 33196 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMAYA, RODOLFO C 10000 NW 80 CT BUILDING 2 SUITE 2136 HIALEAH GARDENS FL 33016 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMAYA RUDOLF R 10000 NW 80 Ct Bldg 2 Ste 2136 Hialeah Gardens Fl 33016 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMAYA Rodolfo C ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary AMAYA Rodolfo C 10000 NW 80 Ct Bldg 2 Ste 2136 ~~Hialeah Gardens Fl 33016~~ ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Rudolf gave Permission to correct Fei # ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)