

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90104 048 ***158.75

DOCUMENT # P02000005673

1. Entity Name
NETGLOBSOLUTIONS, CORP.



Principal Place of Business
6600 KINGSPORTE PKWY
ORLANDO FL 32819

Mailing Address
6600 KINGSPORTE PKWY
ORLANDO FL 32819

60020803



2. Principal Place of Business
6606 KINGSPORTE PY.

3. Mailing Address
11177 PRAIRIE HAWK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL 32819

City & State
ORLANDO, FL

4. FEI Number
26-0030257

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32837

Country
USA

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

VELOSO NETO, RAIMUNDO
13514 LANNER DR.
ORLANDO FL 32837

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **ALZIRA MARCIA VELOSO**
STREET ADDRESS **1930 DERBY GLEN DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

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

TITLE **RAIMUNDO VELOSO NETO** ☐ Delete
NAME **VIC-PRESIDENT**
STREET ADDRESS **11177 PRAIRIE HAWK DR.**
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

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

TITLE **DANIELE VELOSO** ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **11177 PRAIRIE HAWK DR.**
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
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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 an other like empowered.

SIGNATURE: **SPANK REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

04-19-03

407-355-0700