

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90117 016 ***150.00

DOCUMENT # P02000069996

1. Entity Name
NET GROUP SERVICES, INC.



Principal Place of Business
**17970 NE 31ST CT., #313
AVENTURA FL 33160**

Mailing Address
**17970 NE 31ST CT., #313
AVENTURA FL 33160**

2. Principal Place of Business

**17970 NE 31ST CT
Suite, Apt. #, etc.
4313**

3. Mailing Address

**17970 NE 31ST CT
Suite, Apt. #, etc.
4313**

City & State
Aventura, FL 33160

City & State
Aventura, FL 33160

Zip Country

Zip Country

4. FEI Number
02-0626881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PERICO, CAMILO
17970 NE 31ST CT., #313
AVENTURA FL 33160**

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

TITLE **PD** ☐ Delete
NAME **ORDONEZ, JUAN P**
STREET ADDRESS **17970 NE 31ST CT., #313**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **VD** ☐ Delete
NAME **RESTREPO, EMILIA**
STREET ADDRESS **17970 NE 31ST CT., #313**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **VD** ☐ Delete
NAME **PERICO, CAMILO**
STREET ADDRESS **17970 NE 31ST CT., #313**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
NAME **ORDONES JUAN P**
STREET ADDRESS **17970 NE 31 ST CT**
CITY-ST-ZIP **#4313 Aventura, FL 33160**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Perico, Camilo**
STREET ADDRESS **17970 NE 31ST CT**
CITY-ST-ZIP **#4313 Aventura, FL 33160**

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

TITLE ☐ Change ☐ Addition
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:

PERICO, CAMILO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/17/03 305-692-5355

CR2E034 (10/02)