

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P02000098839

1. Entity Name

NetxperT, Corp

03 APR 10 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2435 NW 73 Ave

Suite, Apt. #, etc.

3. Mailing Address

2435 NW 73 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

20-0001423

Applied For

Not Applicable

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTOLIN PESTANO JR

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

7758 NW 44 ST

City

Sunrise

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

Antolin Pestano Jr.

Antolin Pestano Jr.

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

(NOTE: Registered Agent signature required when constituting)

DATE

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

January 1 - May 1 Fee is \$150.00

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Pablo Nuñez
STREET ADDRESS	2435 NW 73 Ave
CITY - ST - ZIP	Sunrise FL 33313
TITLE	V. PRESIDENT
NAME	Gerardo Gonzalez
STREET ADDRESS	2435 NW 73 Ave
CITY - ST - ZIP	Sunrise FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerardo Gonzalez

04/07/2003

Date

Signature #

CR2E034B (12/01)