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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 70054102

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000124767

1. Entity Name
 NETCERTUS, INC.



Principal Place of Business
 2520 NW 97TH AVE STE #230
 MIAMI, FL 33172

Mailing Address
 2520 NW 97TH AVE STE #230
 MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address
 3306 Mills DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

696

City & State

City & State
 Miami, FL 33183-4R58

4. FEI Number
 54-2083210

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAL, RUTH
 2520 NW 97TH AVE STE #230
 MIAMI, FL 33172

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 Submitting

DATE

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	<input type="checkbox"/> Delete
	TURCO, ROBERTO	2520 NW 97TH AVE STE #230	MIAMI, FL 33172	<input type="checkbox"/>
	LIMA, RACHEL C	2520 NW 97TH AVE STE #230	MIAMI, FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(3)(c), 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 fees empowered.

SIGNATURE: Rachel Corvia Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR

04/25/03

55+21+22386109

Date

Current Fees

CPRE004 (10/02)