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

## P95000046018 DOCUMENT #

1. Entity Name

**SIGNATURE:** 

**NETSIDE CORPORATION** 



## Mar 17, 2003 8:00 am & Secretary of State **FILED**

03-17-2003 90719 024 \*\*\*150.00

				GOD WE TEL						
Principal Place of Business 4045 SHERIDAN AVENUE #222 MIAMI BEACH FL 33140 US		Mailing Address P.O. BOX 403895 MIAMI BEACH FL 3314								
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address				Brit Bbill Bill	<b>.</b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			4. FEI Number 65-0589167 Applied For Not Applicable				
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regis				ent		
				Name			·	-		
HALMU, N 4045 SHE	MIRCEA :RIDAN AVENUE, #222		_	Street Address	(P.O. Box Number is	s Not Acceptable)				
	ACH FL 33140									
				City			FL .	Zip Code	∍ ¦	
the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its registered	d office or registe	red agent, or both,	n the State of Florid	a. I am fan	nillar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (N	IOTE: Registered A	Agent signature require	d when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Fiorida Departmen					on Campaign Financ Fund Contribution.	cing		May Be to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	•	ADDITIONS/CH	IANGES TO OFFICE	RS AND D	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALMU, MIRCEA L P.O. BOX 403895 N/A MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete _	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP	egas .g	. <b>-</b>		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				] Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-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.

Daytime Phone #