

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076225

1. Entity Name
NETBASE, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90026 026 ***550.00

Principal Place of Business 1801 CLINT MOORE RD SUITE 200 BOCA RATON FL 33487	Mailing Address 1801 CLINT MOORE RD SUITE 200 BOCA RATON FL 33487
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00059376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 Brickell Avenue Suite, Apt. #, etc. # 450 City & State Miami Florida Zip 33131 Country US	3. Mailing Address 1000 Brickell Avenue Suite, Apt. #, etc. Suite 450 City & State Miami Florida Zip 33131 Country USA
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4. FEI Number 65-0697471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEVEN SERLE, P.A. 2101 CORPORATE BLVD NW SUITE 325 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, RAFAEL E 2101 CORPORATE BLVD NW SUITE 325 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNANDEZ, RAFAEL July 19, 2001 305 3581575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0330205

CR2E034 (10/00)