FILED
Jun 16, 2002 8:00 am
Secretary of State
05-21-2002 91140 043 ***150.00

35664

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076225

1. Entity Name: NET BASE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Brickell AVE	1000 Brickell AVE.
Suite, Apt. #, etc. 450	Suite, Apt. #, etc. 450
City & State: Miami Florida	City & State: Miami Florida
Zip: 33131 Country: US	Zip: 33131 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0697471 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: STEVEN SERLE, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2101 CORPORATE BLVD
SUITE 325
City: BOCA RATON FL Zip Code: 33431

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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) ☐

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	D	TITLE	D ☑ CHANGE
NAME	Hernandez, Rafael	NAME	Hernandez, Rafael
STREET ADDRESS		STREET ADDRESS	1000 Brickell AVE, Suite 450
CITY-ST-ZIP		CITY-ST-ZIP	Miami Fl 33131
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: ______________ 4/29/2002 3053581575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #