

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028733

1. Entity Name  
**NETWORK ENGINEERING SERVICES, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90069 047 \*\*\*158.75

|   |  |
|---|--|
| Principal Place of Business<br>420 S DIXIE HWY<br>STE 4D<br>CORAL GABLES FL 33146<br>US | Mailing Address<br>420 S DIXIE HWY<br>STE 4D<br>CORAL GABLES FL 33146-2222<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><i>A20 S. Dixie Hwy</i> | 3. Mailing Address<br><i>A20 S. Dixie Hwy</i> |
| Suite, Apt. #, etc.<br><i>Suite 4D</i>                    | Suite, Apt. #, etc.<br><i>Suite 4D</i>        |
| City & State<br><i>Coral Gables, FL</i>                   | City & State<br><i>Coral Gables, FL</i>       |
| Zip<br><i>33146</i>                                       | Zip<br><i>33146</i>                           |
| Country<br><i>USA</i>                                     | Country<br><i>USA</i>                         |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0789352</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**JARP, GEORGE**  
420 S DIXIE HWY  
STE 4D  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent  
Name *John Bolton*  
Street Address (P.O. Box Number is Not Acceptable)  
*A20 S. Dixie Hwy*  
*Suite 4D*  
City *Coral Gables* **FL** Zip Code *33146*

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]* DATE *2/22/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JARP, GEORGE<br>420 S DIXIE HWY, SUITE 4F<br>CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>BOLTON, JOHN W JR.<br>420 S DIXIE HWY STE 4D<br>CORAL GABLES FL 33146 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SALAS, FRANK<br>420 S DIXIE HWY STE 4D<br>CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/S<br>Joquin Perez<br>420 South Dixie Hwy, Suite 4D<br>Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* DATE: *2/22/00* DAYTIME PHONE #: *305.663.2711*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)