

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90103 010 ***158.75

0237558 AV

DOCUMENT # P97000028733

1. Entity Name
NETWORK ENGINEERING SERVICES, INC.

Principal Place of Business

Mailing Address

420 S DIXIE HWY
 STE 4D
 CORAL GABLES FL 33146
 US

420 S DIXIE HWY
 STE 4D
 CORAL GABLES FL 33146
 US

B0035842



2. Principal Place of Business

420 S. Dixie Hwy

3. Mailing Address

420 S. Dixie Hwy

Suite, Apt. #, etc.

4F

Suite, Apt. #, etc.

4F

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL.

City & State

Coral Gables, FL.

4. FEI Number

65-0789352

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLTON, JOHN
420 S DIXIE HWY
STE 4D 4F
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **VT** ☐ Delete
 NAME **BOLTON, JOHN W JR.**
 STREET ADDRESS **420 S DIXIE HWY STE 4D 4F**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☒ Delete
 NAME **PEREZ, JOAQUIN**
 STREET ADDRESS **420 S DIXIE HWY STE 4D 4F**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **P** ☐ Delete
 NAME **PEREZ, JOAQUIN**
 STREET ADDRESS **420 S. DIXIE HWY, STE. 4D 4F**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President, Treasurer** ☐ Change ☐ Addition
 NAME **Bolton, John W. Jr.**
 STREET ADDRESS **420 S. Dixie Hwy, Suite 4F**
 CITY-ST-ZIP **Coral Gables, FL. 33146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President, Secretary** ☒ Change ☐ Addition
 NAME **Perez, Joaquin**
 STREET ADDRESS **420 S. Dixie Hwy, Suite 4F**
 CITY-ST-ZIP **Coral Gables, FL. 33146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another title empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (305)665-4002
 Date Daytime Phone #

CR2E034 (9/01)