

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2000 8:00 am  
Secretary of State  
05-19-2000 90010 031 \*\*\*150.00

DOCUMENT # P97000081808 ✓  
Entity Name  
NetCO, Inc.

Principal Place of Business      Mailing Address  
596 Riverside Drive  
Coral Springs, FL 33071

Principal Place of Business      3. Mailing Address  
596 Riverside Drive      Same  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Coral Springs, FL  
Zip      Country  
33071

4. FEI Number      Applied For  
65-0784082      ☐ Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Jorge Puente-Duany  
21095 Water Oak Terr  
Boca Raton, FL 33428

7. Name and Address of New Registered Agent  
Name      Jorge Puente-Duany  
Street Address (P.O. Box Number is Not Acceptable)      596 Riverside Drive  
City      Coral Springs      FL      Zip Code      33071

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      Jorge Puente-Duany      Jorge Puente-Duany      4/28/2000  
Signature, typed or printed name of registered agent and title if applicable.      DATE      DATE

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      ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

1. OFFICERS AND DIRECTORS	
TITLE	<u>Pres.</u> <input checked="" type="checkbox"/> Delete
NAME	<u>Jorge Puente-Duany</u>
STREET ADDRESS	<u>21095 Water Oak Terr</u>
CITY-ST-ZIP	<u>Boca Raton, FL 33428</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<u>Pres.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jorge Puente-Duany</u>
STREET ADDRESS	<u>596 Riverside Drive</u>
CITY-ST-ZIP	<u>Coral Springs, FL 33071</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. 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:      Jorge Puente-Duany      Pres. Jorge Puente-Duany      4/28/2000      954-344-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #