

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90062 016 \*\*\*150.00

**DOCUMENT # P98000013141**

**1. Entity Name**  
**NETYOU COMPUTER COMMUNICATION CORPORATION**



**Principal Place of Business**  
**4625 OLD WINTER GARDENS**  
**A5**  
**ORLANDO FL 32811**

**Mailing Address**  
**4625 OLD WINTER GARDENS**  
**A5**  
**ORLANDO FL 32811**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3490936**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TROCKI, PAUL J**  
**5528 SPRING RUN AVE**  
**ORLANDO FL 32819**

Name **TROCKI, PAUL J**  
Street Address (P.O. Box Number is Not Acceptable)  
**157 DEER RUN DR.**  
City **ORMOND BEACH** FL Zip Code **32174**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAZAN, SERGIO R**  
CITY-ST-ZIP **4625 OLD WINTER GARDENS A5**  
**ORLANDO FL 32811**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MOLINARO, JAMES S**  
CITY-ST-ZIP **1922 DIEHL COURT**  
**ALLENTOWN PA 18104**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TROCKI, PAUL J**  
CITY-ST-ZIP **5528 SPRING RUN AVE**  
**ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition  
NAME **TROCKI, PAUL J**  
STREET ADDRESS **157 DEER RUN LAKE DR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SERGIO HAZAN**

Date

Daytime Phone #

**407-290-1343**

CR2E034 (10/02)