## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## DOCUMENT # P98000019340 Sep 12, 2000 8:00 am 1. Entity Name Secretary of State NET MARKETING USA, INC. 09-12-2000 90013 011 \*\*\*150.00 Principal Place of Business Mailing Address 4551 NE 167 STREET 2421 N GIAVE 1551 NE-167-STREET 2421 NGIAVE nuur voo NORTH-MIAMI BEACH FL 33162 HOLYWOOD, FL 2. Principal Place of Business 3. Mailing Address 2421 N 61AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For HOHYW00D ALCO MANIC 65-0816596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWARI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAMUN, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 1161 SW, 107 TERROR 1551 NE 167 STREET STE-201 BANIE, F Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE MAMUN, MOHAMMAD NAME NAME 111d SW, 107 TEGACE 4551 NE 167 STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33162 DAU IE, Ft 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition MUNJU. FATEMA NAME 2421 N GIANE STREET ADDRESS 1551 NE 167 STREET STREET ADDRESS NORTH MIAMI BEACH FL 33102 HOLLY WORD, FC-3302 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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

Harmon 19340 800

DIVISION OF CORPORATIONS ORIDA DEPARTMENT OF STATE Tailahassee, Fiorida 32314 Secretary of State Katherine Harris P.O. Box 6327



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Dated, 8/21/00

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To whom it may concern.

Doar Sir/madam

we never received the 1st time renewal/
mual Report Paper may be due to Address change
even though we send a address change notification is
being mailed.

so, please you would be kind enoughto adjust the fee of 150 for the Reput. Sincebut.

Matter Mem