

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000028265****1. Entity Name**
NETEX FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
1717 N BAYSHORE DRIVE STE 3748 MIAMI 33132 FL	1717 N BAYSHORE DRIVE STE 3748 MIAMI 33132 FL

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
65-0822845Applied 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****MACHADO JOSE**
1717 N BAYSHORE DRIVE
STE 3748
MIAMI
33132 **US** **FL**

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)

04/27/2000

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

TITLE	V	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33196
	<input type="checkbox"/> Delete	MARTINEZ CIRO	17183 NW 13 ST	PEMROKE PINES		

TITLE	V	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33196
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MARTINEZ CIRO	14742 SW 148 ST. CR.	MIAMI		

TITLE	SD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33028
	<input type="checkbox"/> Delete	MARKHAM-MACHADA YERIZ	17183 NW 13 STREET	PEMBROKE PINES		

TITLE	SD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33028
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MARKHAM-MACHADO YERIZ	17183 NW 13 STREET	PEMBROKE PINES		

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33028
	<input type="checkbox"/> Delete	MACHADO JOSE	17183 NW 13 STREET	PEMBROKE PINES		

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

TITLE		NAME	STREET ADDRESS	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** Jose Machado

RD 04/27/2000