

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90087 013 ***150.00

DOCUMENT # P98000070907

1. Entity Name
NET REP CORP.

Netrep Corp.

Principal Place of Business
7465 NW 8 St.
7517 NW 8TH STREET
MIAMI FL 33126

Mailing Address
7465 NW 8 St
7517 NW 8TH STREET
MIAMI FL 33126

7465 NW 8st.

2. Principal Place of Business
7465 NW 8st.
 Suite, Apt. #, etc.

3. Mailing Address
7465 NW 8st
 Suite, Apt. #, etc.

City & State
Miami, FL
 Zip
33126 Country
USA

City & State
Miami, FL
 Zip
33126 Country
USA

4. FEI Number
65-0872039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, TERESA
4216 W 10 LANE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
Juan Carlos Kennedy
 Street Address (P.O. Box Number is Not Acceptable)
2245 SW 31AVE
 City
MIAM FL Zip Code
33145

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 **JUAN C. KENNEDY** **1-14-02**
 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
PD
 NAME
KENNEDY, TERESA ☒ Delete
 STREET ADDRESS
4216 W 10 LANE
 CITY-ST-ZIP
HIALEAH FL 33012

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☐ Change ☒ Addition
 NAME
Kennedy, Juan Carlos
 STREET ADDRESS
2245 SW 31AVE
 CITY-ST-ZIP
MIAMI FL 33145

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 **(305) 267-2665**
 Date Daytime Phone #

CR2E034 (9/01)