## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000094479** Apr 03, 2000 8:00 am **Secretary of State** NETWORK SERVICE ASSOCIATES, INC. 04-03-2000 90174 045 \*\*\*150.00 Principal Place of Business Mailing Address 9401 NW 42ND STREET 9401 NW 42ND STREET SUNRISE FL 33351-7629 SUNRISE FL 33351 3. Mailing Address 6 8 2 9 N.W 8/51. 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0873821 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAWBY, LISSETTE A Street Address (P.O. Box Number is Not Acceptable) 9401 NW 42ND STREET SUNRISE FL 33351 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) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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. Lissette A. mawby 6829 NW 81 ST PTD ☐ Delete TITLE TITLE MAWBY, LISSETT A NAME NAME 9401 NW 42ND STREET STREET ADDRESS Parkland, FC 33067 Grange 6829 N. W 8151. farllland FC 33067 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 TITLE Delete TITLE MAWBY, CHRISTOPHER L NAME NAME 9401 NW 42ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

issette Mawby