

Amending 2000  
**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000002659**

FILED

00 AUG -3 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**NET RESEARCH, INC**

Principal Place of Business  
**NET RESEARCH, INC**

Mailing Address  
**NET RESEARCH, INC**

2. Principal Place of Business  
**215 N Federal Hiway**  
Suite, Apt. #, etc.  
**Suite #5D**  
City & State  
**Boca Raton, FL**  
Zip  
**33432** Country  
**USA**

3. Mailing Address  
**215 N. Federal Hiway**  
Suite, Apt. #, etc.  
**Suite #5D**  
City & State  
**Boca Raton, FL**  
Zip  
**33432** Country  
**USA**

4. FEI Number  
**65-0888168**

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

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

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

**Florida Incorporators. Inc.**  
**1221 Brickell Ave**  
**Suite #900**  
**Miami, FL 33131 USA**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**600003364406--7**  
City  
**-08/18/00-010610027**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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 \_\_\_\_\_ (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, 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	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Mohammad F. Alam</b>	
STREET ADDRESS <b>215 N. Federal Hiway suite# 5D</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>C</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Mohammad F. Alam</b>	
STREET ADDRESS <b>215 N. Federal Hiway #5D</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Mohammad F Alam</b>	
STREET ADDRESS <b>215 N. Federal Hiway #5D</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>Mohammad F. Alam</b>	
STREET ADDRESS <b>215 N. Federal Hiway #5D</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Abu M Rahman</b>	
STREET ADDRESS <b>480 NW 20 ST #110</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Abu M Rahman</b>	
STREET ADDRESS <b>480 NW 20 ST #110</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>T/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Abu M Rahman</b>	
STREET ADDRESS <b>480 NW 20 ST #110</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>GEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Abu M Rahman</b>	
STREET ADDRESS <b>480 NW 20 ST #110</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Abu M Rahman</b>	
STREET ADDRESS <b>480 NW 20 ST #110</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Richard A. Lidinsky III</b>	
STREET ADDRESS <b>215 N. Federal Hiway #5D</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	

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:  **07-19-2000** **561-620-0542**  
Date Daytime Phone #

CR2E034 (9/99)