

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 009 ***150.00

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1. Entity Name

NETNIQUES CORPORATION



Principal Place of Business

6175 NW 167TH ST

G-16

MIAMI FL 33015

US

Mailing Address

PO BOX 4457

HIALEAH FL 33014

US

2. Principal Place of Business

6175 NW 167th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G-19

City & State

MIAMI, FL

4. FEI Number

65-0894177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARDOSO, MANUEL

6175 NW 167 ST G-16

HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

CARDOSO, MANUEL

Street Address (P.O. Box Number is Not Acceptable)

6175 NW 167th St G-19

City

Hialeah

FL

Zip Code

33015

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
NAME **CARDOSO, MIGUEL O**
STREET ADDRESS **6175 NW 167TH ST G-16**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PD** ☐ Delete
NAME **CARDOSO, MANUEL**
STREET ADDRESS **6175 NW 167TH ST #G-16**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6175 NW 167th St G-19**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6175 NW 167th St G-19**
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

1-6-03

Date

305 823 3803

Daytime Phone #

CR2E034 (10/02)