

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90285 030 ***150.00

DOCUMENT # P99000024601

1. Entity Name

NETSYS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~7114 S.W. 113TH AVE.~~
~~MIAMI FL 33173~~

~~7114 S.W. 113TH AVE.~~
~~MIAMI FL 33173~~

2. Principal Place of Business

10637 NORTH Kendall Dr.

3. Mailing Address

10637 NORTH Kendall Drive

Suite, Apt. #, etc.

7K

Suite, Apt. #, etc.

7K

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

6. Name and Address of Current Registered Agent

MARI, ROGER J
7114 S.W. 113TH AVE.
MIAMI FL 33173

7. Name and Address of New Registered Agent

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, 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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
MARI, ROGER J
7114 S.W. 113TH AVE.
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT - T
MARI, ROGER J
10637 NORTH Kendall drive suit 7-K
MIAMI FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
LAZO RAFAEL
10637 NORTH KENDALL drive suit 7K
MIAMI FL 33176 ☐ Change ☒ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)