

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029970

1. Entity Name
NETSOFT CREATIONS, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 005 ***150.00

Principal Place of Business
11349 SOUTHWEST 69 LANE
MIAMI FL 33173

Mailing Address
11349 SOUTHWEST 69 LANE
MIAMI FL 33173-1905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0907417		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: DAVID M. SEGAL Street Address (P.O. Box Number is Not Acceptable): 11349 SW 69 LANE City: Miami FL Zip Code: 33173	
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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: *David Segal* DAVID SEGAL 03/28/00
(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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, DAVID M PH.D 11349 SOUTHWEST 69 LANE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SEGAL, REBECA M 11349 SOUTHWEST 69 LANE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Segal* DAVID SEGAL 03/28/00 305-273-9594
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/99)