

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029970

1. Entity Name
NETSOFT CREATIONS, INC.

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

04-06-2001 90024 022 ***150.00

Principal Place of Business

**11349 SOUTHWEST 69 LANE
MIAMI FL 33173**

Mailing Address

**11349 SOUTHWEST 69 LANE
MIAMI FL 33173**

2. Principal Place of Business

12147 S.W. 131 AVE

3. Mailing Address

12147 S.W. 131 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0907417

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEGAL, DAVID M
11349 SW 69 LN
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

DAVID M. SEGAL

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

12147 S.W. 131 AVENUE

City

MIAMI

FL

Zip Code
33186

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

04/03/01

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 **PD** ☐ Delete
NAME **SEGAL, DAVID M PH.D**
STREET ADDRESS **11349 SOUTHWEST 69 LANE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VSTD** ☐ Delete
NAME **SEGAL, REBECA M**
STREET ADDRESS **11349 SOUTHWEST 69 LANE**
CITY-ST-ZIP **MIAMI FL 33173**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SEGAL

Date

04/03/01

Daytime Phone #

305.232.7273

CR2E034 (10/00)