

04/28/2003 18:44

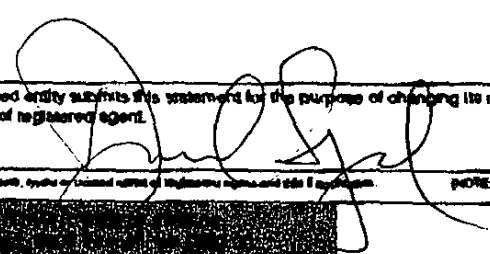
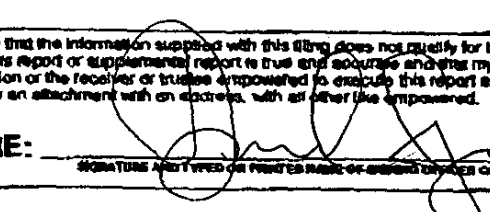
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VIRGINIA E

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 023 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000029970			
1. Entity Name NETSOFT CREATIONS, INC.			
Principal Place of Business 12147 SW 131 AVENUE MIAMI, FL 33186		Mailing Address 12147 SW 131 AVENUE MIAMI, FL 33186	
2. Principal Place of Business 11349 S.W. 69 th LANE Suite, Apt. #, etc.		3. Mailing Address 11349 S.W. 69 th LANE Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33173 Country		City & State MIAMI FL Zip 33173 Country	
4. FEI Number 05-0007417		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGAL, DAVID M 12147 SW 131 AVENUE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name DAVID M. SEGAL Street Address (P.O. Box Number is Not Acceptable) 11349 S.W. 69 th LANE City MIAMI FL Zip Code 33173	
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 date of signature		04/29/03 DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SEGAL, DAVID M PH.D 12147 SW 131 AVE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	11349 S.W. 69 th LANE MIAMI, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD SEGAL, REBECA M 12147 SW 131 AVE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	11349 S.W. 69 th LANE MIAMI FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR OR SIGNATOR		04/29/03 DATE	