

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 91000 033 \*\*\*150.00

**DOCUMENT #** P99000035627**1. Entity Name**

NETPHILES, Inc

**Principal Place of Business****Mailing Address**2512 BALSAM TERRACE  
SUITE #200  
Tallahassee, FL-32315P.O. BOX 4107  
Tallahassee, FL-32315**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3571572

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BEHZAD SHAH  
3859 McFarlane DR  
Tallahassee, FL-32303

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 and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D/P** ☐ Delete  
NAME **MAHMOOD HAD**  
STREET ADDRESS **2280 HICKORY TREE LANE**  
CITY-ST-ZIP **TALLAHASSEE, FL-32303**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D/T/S/V** ☐ Delete  
NAME **BEHZAD SHAH**  
STREET ADDRESS **3859 McFarlane DR**  
CITY-ST-ZIP **Tallahassee, FL-32303**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:** Behzad Shah (BEHZAD SHAH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/2001

Date

(850) 536-0694

Daytime Phone #

Document # P99000035627

CR2E034 (11/00)