## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P99000044800**

Country

6. Name and Address of Current Registered Agent

2. Principal Place of Business

KELLER, CHRISTIAN

Suite, Apt. #, etc.

City & State

Zip

NETSOMETHING, INC. Principal Place of Business Mailing Address 5940 SW 45TH ST 5783 S.W. 40 ST., #206 **MIAMI FL 33155** MIAMI FL 33155

3. Mailing Address

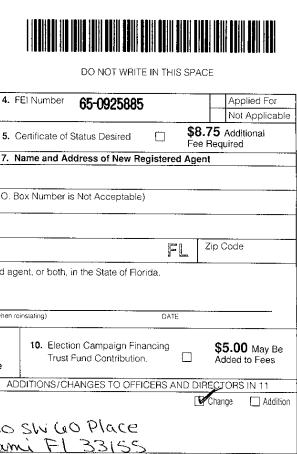
City & State

Zip

Suite, Apt. #, etc.

## **FILED** Mar 01, 2001 8:00 am Secretary of State

03-01-2001 91330 011 \*\*\*150.00



5940 SW 45 ST. MIAMI FL 33155			Street Ad	ddress (P.O. Be	ox Number is Not Acceptable)			
			City			FL	Zip Code	÷
8. The above	named entity submits this statement for the	e purpose of changing its reg	pistered office or	registered age	ent, or both, in the State of Florida		<u></u>	
SIGNATURE .	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE. Re	gistered Agent signatu	ire required when ro	nstating)	DATE		
Tax filling requirement and elects to do so.  After MAY 1, 2001		FEE IS \$150.00 Fee will be \$550.00 to Department of State		Election Campaign Financ     Trust Fund Contribution.	ing	<b>\$5.0</b> (Added	<b>0</b> May Be to Fees	
11.	OFFICERS AND DIR	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Touby, Mark A 5940 SW 45TH ST Miami Fl 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4350 Miam	SW GO Place GFL 33155		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition
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Country

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 #