

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067552

1. Entity Name

NETCOM GLOBAL COMMUNICATIONS, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90015 047 \*\*\*150.00

Principal Place of Business

Mailing Address

18 NE 2ND AVENUE  
DANIA BEACH FL 33004

18 NE 2ND AVENUE  
DANIA BEACH FL 33004-4807

2. Principal Place of Business

3. Mailing Address

3900 NW 79th Ave.

3900 NW 79th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

482

482

City & State

City & State

MIAMI FL.

MIAMI FL.

Zip

Country

Zip

Country

33166

U.S.A

33166

U.S.A

4. FEI Number

65-0792938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, SERAFIN JR  
10268 NW 51ST TERRACE  
MIAMI FL 33178

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 reinstating)

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, 2000 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 | NAME                  | STREET ADDRESS           | CITY-ST-ZIP        | DELETE                              | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|-----------------------|--------------------------|--------------------|-------------------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| P     | AKKOYUNLU, ATILLA     | 1529 YELLOWHEART WAY     | HOLLYWOOD FL 33019 | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| V     | GARCIA, SERAFIN JR    | 10268 NW 51ST TERRACE    | MIAMI FL 33178     | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| ST    | LOPEZ, BELKIS BARBARA | 17935 NW 66 COURT CIRCLE | MIAMI FL 33015     | <input checked="" type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                       |                          |                    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                       |                          |                    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                       |                          |                    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                       |                          |                    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

305-592-4008

Daytime Phone #

CR2E034 (9/99)