## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM P99000077882 DOCUMENT# 1. Entity Name **Secretary of State** NETCOM INTERNATIONAL, INC. Principal Place of Business Mailing Address 2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. MIAMI FLMIAMI FL 33131 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-0944857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGER ALAN MESQ. 200 S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 2350** MIAMI FL33131 US 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. 05/01/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition WARZAGER SIMON MAME NAME 2601 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP D ☐ Delete TITLE X Change ☐ Addition NAME NIARCHOS GEORGE NAME NIARCHOS GEORGE STREET ADDRESS 2601 BISCAYNE BLVD. STREET ADDRESS 2601 BISCAYNE BLVD. CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP MIAMI FL33131 Delete TITLE D/P X Change ☐ Addition MILLER ROGER NAME MILLER ROGER STREET ADDRESS 2601 BISCAYNE BLVD. STREET ADDRESS 2601 BISCAYNE BLVD. CITY-ST-ZIP MIAMI 33131 CITY-ST-ZIP МІАМІ FL. 33131 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Roger Miller SIGNATURE: \_ 05/01/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR