

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088017

1. Entity Name

NETCORP USA, INC.

Principal Place of Business

7904 W. DR., SUITE 1015
MIAMI FL 33141

Mailing Address

7904 W. DR., SUITE 1015
MIAMI FL 33141-5536

2. Principal Place of Business

3610 YACHT CLUB DR

Suite, Apt., etc.

1016

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Address

SAME

Suite, Apt., etc.

City & State

Zip

Country

4. FEI Number

22-3688055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDES, JOSE R
7904 W. DR., SUITE 1015
MIAMI FL 33141

7. Name and Address of New Registered Agent

Name

FERNANDES, JOSE R

Street Address (P.O. Box Number is Not Acceptable)

3610 YACHT CLUB DR # 1016

City

AVENTURA

FL

Zip Code

33180

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

03/14/2000

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDES, JOSE ROBERTO	
STREET ADDRESS	7904 W. DR., SUITE 1015	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/14/2000 (305) 3429793



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)