

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90029 032 ***150.00

DOCUMENT # P99000088017

1. Entity Name
NETCORP USA, INC.

Principal Place of Business
3610 YACHT CLUB DRIVE
#1016
AVENTURA FL 33180

Mailing Address
3610 YACHT CLUB DRIVE
#1016
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1651 NE 115ST

3. Mailing Address
1651 NE 115ST

Suite, Apt. #, etc.
SUITE 6C

Suite, Apt. #, etc.
SUITE 6C

City & State
N. MIAMI, FLORIDA

City & State
N. MIAMI, FLORIDA

33181

Country
U.S.A.

33181

Country
U.S.A.

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

7. Name and Address of New Registered Agent

FERNANDES, JOSE R
3610 YACHT CLUB DRIVE #1016
AVENTURA FL 33180

D. Name
JOSE R. FERNANDES

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

1651 NE 115 ST - SUITE 6C

City **N. MIAMI**

FL

Zip **33181**

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

4-2-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	FERNANDES, JOSE ROBERTO	
STREET ADDRESS	3610 YACHT CLUB DR., #1016	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

(305) 450-6256

Daytime Phone #

0288256 AV

CR2E034 (9/01)