

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000092767**

1. Entity Name

NET-ROAMER.COM INC.

Principal Place of Business

**13499 BISCAYNE BLVD., SUITE 1410
N. MIAMI FL 33181**

Mailing Address

**13499 BISCAYNE BLVD., SUITE 1410
N. MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

FIORÉ, FRANK A. N**13499 BISCAYNE BLVD., SUITE 1410
N. MIAMI FL 33181**

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FIORÉ, FRANK A	
STREET ADDRESS	13499 BISCAYNE BLVD., SUITE 1410	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORÉ, RICARDO	
STREET ADDRESS	1412 PINEHURST DRIVE	
CITY-ST-ZIP	COPPELL TX 75019	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORÉ-ROCHA, CLAUDIA P	
STREET ADDRESS	9159 S.W. 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiore, Ricardo	
STREET ADDRESS	2604 DANE COURT	
CITY-ST-ZIP	PLANO, TX 75093	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiore, CLAUDIA P.	
STREET ADDRESS	13499 BISCAYNE BLVD #1612	
CITY-ST-ZIP	N. MIAMI, FL 33181	
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		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 3059449333**FILED**
Jun 19, 2002 8:00 am
Secretary of State

04-22-2002 90339 017 ***150.00

93787



DO NOT WRITE IN THIS SPACE

65-1100104

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2034 (9/01)