

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90029 015 ***150.00

DOCUMENT # 852507

1. Entity Name
NEELS COMPANY, INC.

Principal Place of Business

**7210 RED ROAD STE 207-B
 S MIAMI FL 33143
 US**

Mailing Address

**7210 RED ROAD STE 207-B
 S MIAMI FL 33143
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **98-0041168**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARZ
MARZ, DAPHNE
7210 RED ROAD STE 207-B
S. MIAMI FL 33143

please note

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 **PD**
 NAME **ELSACA-SAUD, ENRIQUE**
 STREET ADDRESS **7210 RED ROAD STE 207-B**
 CITY-ST-ZIP **MIAMI FL 33143**

☐ Delete

TITLE **SD**
 NAME **H. DE ELSACA, NELLY**
 STREET ADDRESS **7210 RED ROAD STE 207-B**
 CITY-ST-ZIP **MIAMI FL 33143**

☐ Delete

TITLE **VPD**
 NAME **Pablo Enrique Elsaca Hirmas**
 STREET ADDRESS **7210 Red Road #207-B**
 CITY-ST-ZIP **S. Miami, FL 33143**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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]* **ENRIQUE ELSACA-SAUD** **4/18/02 305-667-5495**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020487 AV

CR2E034 (9/01)