## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## J29537 DOCUMENT # 1. Entity Name



NAFTOMAR INC.

Principal Place of Business C/O BERKOWITZ DICK POLLACK & BRANT LLP

Mailing Address

C/O BERKOWITZ DICK POLLACK & BRANT LLP

**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90082 039 \*\*\*150.00

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MIAMI FL 33131				MIAMI FL 33131					
2. Principal Place of Business			3. Mailing A	3. Mailing Address			1 1601/10 6/10 110/0 10/01 6/10/6 1/1// (60) 0/0// 0	1 <b>2</b> 11 <b>510</b> 11 <b>5</b> 1011	Bigil Bigil Isal
Suite, Apt.	#, etc.	<del></del>	Suite, Apr	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & Sta	City & State			FEI Number 59-2722695		oplied For ot Applicable
Zip	Country Zip				Country 5.			8.75 Add	
6. Name and Address of Current Registered Agent						7.	Name and Address of New Registered A	gent	
- <b>-</b>					Name				
ROBERT W. STEWART P.A.					Street Ad	drage (DO E	Pau Niverboy in Net Appartudital		
1395 BRICKELL AVE					Street Address (P.O. Box Number is Not Acceptable)				
THIRD FL									
MIAMI FL 33131					}			T = = = =	
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	named entitions of regist		nt for the purpose o	f changing its reg	istered office or r	egistered ag	gent, or both, in the State of Florida. I am fa	miliar with	and accept
SIGNATURE .	Signature typed	or printed name of registered a	gent and title if applicable	(NOTE: Pa	gistered Agent signature	required whom re	einstating) DATE		
.,,	Signature, typed	or printed name or registered a	igeni and title ii applicable.	(NOTE: Net	gistereo Agent signature	a required wifers re	emistaling) DATE		
FILE NOW!!! FEE IS \$150.00							Election Campaign Financing	\$5.0	O Mav Be
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Contribution.		to Fees
	rayable to						<u> </u>		
10.		OFFICERS A	ND DIRECTORS		11.	AD	DDITIONS/CHANGES TO OFFICERS AND		
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12. I hereby certify that the information supplied with this tiling 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 tile 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WRE'REQUIRED

CR2E034 (10/02)