

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90470 006 ***150.00

DOCUMENT # *P02000055314*

1. Entity Name

NUSYG, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4759 NW 112 Ct.

3. Mailing Address

4759 NW 112 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

03-0457006

Applied For

Not Applicable

Zip

33178

Country

MIAMI-DADE

Zip

33178

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

90039245

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *RAFAEL GALLARDO*

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

4759 NW 112 Ct.

City *MIAMI*

FL

Zip Code

33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rafael Gallardo
Signature, typed or printed name of registered agent and title, if applicable.

RAFAEL GALLARDO, PRES

(NOTE: Registered Agent signature required when reinstating)

2-18-03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PITID RAFAEL GALLARDO 4759 NW 112 Ct. MIAMI FL. 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VIS MARIA I. SANCHEZ-GALLARDO 4759 NW 112 Ct. MIAMI FL. 33178</i>
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rafael Gallardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL GALLARDO

Date

2-18-03
Daytime Phone #

CR2E034B (12/02)