## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 22, 2000 8:00 am Secretary of State DOCUMENT # P93000037442 1. Entity Name NEMRAC, INC. 01-22-2000 90077 011 \*\*\*150.00 Principal Place of Business Mailing Address 201 SEVILLA AVE. 201 SEVILLA AVE. DUUUDUAU SUTIE 306 SUTIE 306 CORAL GABLES FL 33134 CORAL GABLES FL 33134-6616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0422074 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEL RIEGO, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 1721 S.W. 97TH COURT MIAMI FL 33165 Zip Code City F۱ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME **DEL RIEGO, ERNESTO** NAME STREET ADDRESS STREET ADDRESS 1721 S.W. 97TH CT. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition ☐ Change ☐ Delete TITLE NAME RODRIGUEZ, TONY NAME STREET ADDRESS 8100 S.W. 95TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

DERRIEGO 1-17.2000 EPONESTO SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.