2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000048414 **DOCUMENT #**

1. Entity Name



PORRAS & NELSON ENTERPRISES, INC. Mailing Address Principal Place of Business 18615 126TH TERR N 10021212 18615 126TH TERR N JUPITER FL 33478 JUPITER FL 33478 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0839695 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PORRAS, RANDOLPH F Street Address (P.O. Box Number is Not Acceptable) 18615 126TH TERR N JUPITER FL 33478 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME PORRAS, RANDOLPH NAME : STREET ADDRESS 18615 126TH TERRACE NORTH STREET ADDRESS CITY-ST-ZIP Jupiter Fl 33478 📑 CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NELSON, ROBERT NAME STREET ADDRESS 104 KINGS WAY STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP Addition TITLE Delete" TITI E NAME PORRAS, TAMAR NAME STREET ADDRESS 18615 126 TER N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 Change ☐ Addition TITLE Delete TITLE NAME NELSON, WENDY NAME STREET ADDRESS 104 KINGS WAY STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

ROSUTTOMA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 14, 2003 8:00 am

Secretary of State

02-14-2003 90190 039 ***150

(CU/U1) PEUHCH: