

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 016 ***150.00

DOCUMENT # P98000069430

1. Entity Name
NBC BILLING CORP.



Principal Place of Business
**12978 SW 151ST LANE
MIAMI FL 33186**

Mailing Address
**12978 SW 151ST LANE
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

12900 SW 147TH RD
Suite, Apt. #, etc.

12900 SW 147TH RD
Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number **65-0857262**

Applied For
Not Applicable

Zip Country

Zip Country
33186 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENRIQUEZ, SASKIA
12978 SW 151ST LANE
MIAMI FL 33186**

Name **ENRIQUEZ SASKIA**
Street Address (P.O. Box Number is Not Acceptable)
12900 SW 147TH RD
City **MIAMI** FL Zip Code **33186**

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 *Saskia Enriquez* DATE **4-28-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, SASKIA	
STREET ADDRESS	12978 SW 151ST LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Saskia Enriquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **305-252-2240**
Date Daytime Phone #

CR2E034 (10/02)