

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

**FILED**

**Feb 26, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90142 026 \*\*\*150.00

<b>DOCUMENT # 592322</b>			
1. Entity Name <b>NEMESIO OFFICE EQUIPMENT DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>2400 NW 94 AVENUE MIAMI FL 33172 US</b>		Mailing Address <b>2400 NW 94 AVENUE MIAMI FL 33172 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, YOLANDA 2400 NW 94TH AVE MIAMI FL 33172</b>		7. Name and Address of New Registered Agent Name <b>YOLANDA CARABALLO</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	RODRIGUEZ, MRS YOLANDA		
STREET ADDRESS	2400 NW 94TH AVE		
CITY-ST-ZIP	MIAMI, FL 00000 33172		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	SOLER, YOLANDA		
STREET ADDRESS	2400 NW 94TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	S	<input type="checkbox"/> Delete	
NAME	RODRIGUEZ, YEILANY		
STREET ADDRESS	2400 NW 94TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	T	<input type="checkbox"/> Delete	
NAME	RODRIGUEZ, YILIAM		
STREET ADDRESS	2400 NW 94TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOLANDA CARABALLO		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEILANY SUAREZ		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YILIAM ANDUX		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
SIGNATURE: <i>[Signature]</i>		Date <b>1/8/01</b> (305) 477-8822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)