

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 844168**

1. Entity Name

NIVESA CORPORATION, N.V.**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90028 016 ***150.00

Principal Place of Business

**25 SE 2ND AVE
SUITE 504
MIAMI FL 33131
US**

Mailing Address

**P.O. BOX 145388
CORAL GABLES FL 33114
US****00030835**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1757072**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLE, ALBERTO
25 NE 2ND AVE
SUITE 504
MIAMI FL 33131**

Name

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

City

FL

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

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

(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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	VALLE, ALBERTO	
STREET ADDRESS	25 SE 2ND AVE., SUITE 504	
CITY-STATE-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, BASILIO	
STREET ADDRESS	25 NE 2ND AVE., SUITE 504	
CITY-STATE-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	LABARTINO, VINCENZO	
STREET ADDRESS	25 SE 2ND AVE., SUITE 504	
CITY-STATE-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alberto Valle **4/20/01 305 3720089**

CR2E034 (10/00)