

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90063 027 ***150.00

DOCUMENT # F10212

1. Entity Name

NUPE CORPORATION.

Principal Place of Business

11350-55 NW SOUTH RIVER DR
MEDLEY FL 33166
US

Mailing Address

14037 NW 88 PL
MIAMI FL 33018
US

2. Principal Place of Business

985 Luddam Dr.
Suite, Apt. #, etc.

3. Mailing Address

985 Luddam Dr.
Suite, Apt. #, etc.

City & State

Miami Springs
Zip 33166 Country USA

City & State

Miami Springs, FL
Zip 33166 Country USA

4. FEI Number 59-2374927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, PEDRO
14037 NW 88 PL
MIAMI FL 33018

7. Name and Address of New Registered Agent

Name

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

985 Luddam Dr.

City

Miami Springs

FL

Zip Code

33166

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

Pedro M. Hernandez Pedro Hernandez

DATE

2/19/01

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

TITLE PDST
NAME HERNANDEZ, PEDRO
STREET ADDRESS 14037 NW 88 PL
CITY-ST-ZIP MAIMI FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIP/TS
NAME
STREET ADDRESS 985 Luddam Dr.
CITY-ST-ZIP Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Pedro M. Hernandez

Date

2/19/01 305 882 0009

Daytime Phone #

CR2E034 (10/00)