

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90544 040 ***150.00

DOCUMENT # F10212

1. Entity Name
NUPE CORPORATION.



Principal Place of Business
985 LUDDAM DR
MIAMI SPG FL 33166
US

Mailing Address
985 LUDDAM DR
MIAMI SPG FL 33166
US

2. Principal Place of Business

Samp

3. Mailing Address

985 LUDLAM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Samp

City & State

Miami Springs, FL

Zip

Country

Zip

Country

33166

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

7. Name and Address of New Registered Agent

HERNANDEZ, PEDRO
985 LUDDAM DR
MIAMI FL 33166

Name

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

985 LUDLAM DR.

City

Miami

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DPTS** ☐ Delete
NAME **HERNANDEZ, PEDRO**
STREET ADDRESS **985 DUDDAM DR**
CITY-ST-ZIP **MIAMI FL 33166**

☒ Change ☐ Addition
TITLE
NAME **985 LUDLAM DR.**
STREET ADDRESS **Miami, FL 33166**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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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:

Pedro Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

305 8820009
Daytime Phone #

CR2E034 (10/02)