

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F54125

1. Entity Name

NEPTON OF FLORIDA, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90011 004 ***150.00

Principal Place of Business

ONE SOUTHEAST THIRD AVE
STE 2130
MIAMI FL 33131
US

Mailing Address

ONE SOUTHEAST THIRD AVE
STE 2130
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2139888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPROLITE COPORATION
1 SE 3RD AVE # 2130
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name COPROLITE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1 SE 3rd Ave #2130

City MIAMI

FL

Zip Code
33131

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 changing agent)

Stephen A. Blass

Vice President

DATE

4/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

PD
BARNAVON, HAIM
720 ROY WALL BLVD
ROCKLEDGE FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

VPAD
JACKSON, CARLA
1 SE 3RD AVE # 2130
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

SD
CALVERT, YVONNE
1 SE 3RD AVE 2130
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Carla Jackson
Vice President

Date

Daytime Phone #

4/17/01

305-377-9353

CR2E034 (10/00)

01. 16