2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am F98000004581 DOCUMENT # **Secretary of State** 1. Entity Name 02-01-2002 90064 043 ***150.00 NODEN PROPERTIES LTD., INCORPORATED Principal Place of Business Mailing Address 315 76 ST. P.O. BOX 416681 MIAM! BEACH FL 33141 MIAMI BEACH FL 33141 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-2659630 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YERO, FIDEL Street Address (P.O. Box Number is Not Acceptable) **8951 NE 8TH AVE** APT. 119 MIAMI FL 33138 City Zip Code nent 🙀 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state ent and title if applicable Signature, typed of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do s After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/01) TITLE Delete TITLE ☐ Change Addition YERO, MARDEN NAME NAME 315 76 ST. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME YERO, NORA NAME STREET ADDRESS 315 76 ST. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with the 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 poner like empowered.

SIGNATURE:

FILED