

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90440 013 ***150.00

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1. Entity Name
NODEN PROPERTIES LTD., INCORPORATED

Principal Place of Business
**315 76 ST.
MIAMI BEACH FL 33141**

Mailing Address
**P.O. BOX 416681
MIAMI BEACH FL 33141
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8951 NE 8 AVE

3. Mailing Address
8951 NE 8 AVE

Suite, Apt. #, etc.
119

Suite, Apt. #, etc.
119

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number **11-2659630**

Applied For
Not Applicable

Zip **33148** Country **USA**

Zip **33138** Country **USA**

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

**YERO, FIDEL
8951 NE 8TH AVE
APT. 119
MIAMI FL 33138**

Name

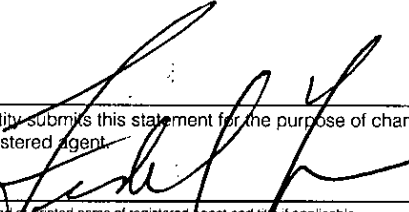
Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE  DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **P YERO, MARDEN**
STREET ADDRESS **315 76 ST.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V YERO, NORA**
STREET ADDRESS **315 76 ST.**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition
TITLE
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)