2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F9900004704

1. Entity Name



May 19, 2003 8:00 am § Secretary of State 05-19-2003 90228 006 ***150.00 €

101156711	NITE HOLDINGS LIMITED C	ORP.							
Principal Plac 329 GRANELL CORAL GABLE		Mailing Address 329 GRANELLO AVENU CORAL GABLES FL 33	-						
	Place of Business 28 Salerno Circle	3. Mailing Address 1528 5a	erno	Circle				I BDJE! DIEL IBBI	
Suite, Apt.	ton	Suite, Apt. #, etc.				CHECK HERE IF MA	AKING CHANGE	s 	
City & Stat	rida	City & State Florida			4. FEI Number	2-2178037	- +	Applied For Not Applicable	
^{Zip} 333	Country	Žip 33327	Cour	ntry	5. Certificate of S	tatus Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	ered Agent		4
UNITED S	STATES REGISTERED AGENTS, IN	C.		Name Eug	enio Po	erichi			
239 GRANELLO AVE.				Street Address	P.O. Box Number is 1	Not Accaptable)			
CORAL G	ABLES FL 33146					·			
	·			City We	ton_		FL Zp Co	de 327	
	e named entity submits this statement to	or the purpose of changing	its register	ed office or registe	red agent, or both, in	the State of Florida.	I am familiar with	n, and accept	
SIGNATURE								<u> </u>	
0,0,0,0,12	Signature, typed or printed name of registered agent	and title if applicable. (A	IOTE: Registere	d Agent signature require	d when reinstating)		DATE		
					9 Election	n Campaign Financin	n \$ 5	00 May Be	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State				and Contribution.		ed to Fees	
After Make Check	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		1 11		Trust Fu	und Contribution.	Add	ed to Fees	_
Afte	r May 1, 2003 Fee will be \$550.00	DIRECTORS	11. TITU		Trust Fu		Add	ed to Fees	- - - - - - - - - - - - - - - - - - -
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLÉ

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

General Mayager