

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -8 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G-84431**

1. Entity Name **N&B INTERNATIONAL
PRODUCTS INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12706 W. MIDWAY RD

3. Mailing Address

12706 W. MIDWAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT PIERCE FLA.

City & State

FT PIERCE FLA

Zip

34945

Country

USA

Zip

34945

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IYAHNAR NAGAPOLLAHAY

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

12706 W. MIDWAY ROAD

City

FT PIERCE

FL

Zip Code

34945

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

Iyahnar Nagapolahay

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

(NOTE: Registered Agent signature required when reinstating)

5-5-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT/DIRECTOR/TREASURER**
NAME **IYAHNAR NAGAPOLLAHAY**
STREET ADDRESS **12706 W MIDWAY RD FT. PIERCE**
CITY-ST-ZIP **FLA- 34945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600018580616
05/09/03--01012--002 **150.00

TITLE **SECRETARY/VP**
NAME **VINU NAGAPOLLAHAY**
STREET ADDRESS **12706 W. MIDWAY RD**
CITY-ST-ZIP **FT PIERCE FLA- 34945**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Iyahnar Nagapolahay* **IYAHNAR NAGAPOLLAHAY, President** **5-5-03** **1772-460-3881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)