

AMENDED

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 22 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name J92318

NAIDE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 N.E. 1 Street

Suite, Apt. #, etc.

SEYBOLD ARCADE # 136

City & State

Miami, Fla. 33132

ZIP

33132

Country

Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0007973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD

Luis Dikes
136 Seybold Arcade
Miami, Fla. 33132

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE STD

Jonathan Blatter
136 Seybold Arcade
Miami, Florida 33132

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VD

Ielma Dikes
136 Seybold Arcade
Miami, Fla. 33132

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS DIKES

President 4-10-02 305-446-2055

Date

Daytime Phone #

CR2E034B (12/01)