2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

Feb 04, 2002 8:00 am K39814 4 **DOCUMENT #** Secretary of State 1. Entity Name 02-04-2002 90180 017 ***150.00 NATIONAL NO.-5 INC. Principal Place of Business Mailing Address 19565 N.W. 57TH AVENUE 19565 N.W. 57TH AVENUE HUU16284 MIAMI FL 33055 MIAMI FL 33055 1.5 39H (2° ° 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0079234 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUERRERO, JOSE** Street Address (P.O. Box Number is Not Acceptable) 19565 N. W. 57TH AVENUE **MIAMI FL 33055** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ■ Addition TITLE ☐ Delete TITLE Guerrero, Jose NAME NAME 19565 NW 57 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33055 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ۷P Delete NAME GUERRERO, PLINIO NAME 19565 N.W. 57TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 Delete TITLE Change Addition TITLE NAME GUERRO, CESAR NAME STREET ADDRESS 19565 N.W. 57TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

with all other like empowered