

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90243 012 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019437

1. Entity Name

NANEVA CAPITAL LLC

Principal Place of Business

1330 WEST AVE.
APT 1013
MIAMI BEACH FL 33139

Mailing Address

1330 WEST AVE.
APT 1013
MIAMI BEACH FL 33139

85848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

113615312

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALABU, DAVID
1330 WEST AVE,
APT 1013
MIAMI BEACH FL 33139

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	Delete <input type="checkbox"/>
MGR HALABU, DAVID 1330 WEST AVE APT 1013 MIAMI BEACH FL 33139	<input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>
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TITLE NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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TITLE NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #