

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92190 038 ***150.00

DOCUMENT # L46825

1. Entity Name
NISA ENTERPRISES, INC.



Principal Place of Business
D/B/A SUN CLEANERS
1201 U.S. HIGHWAY ONE, #7
NORTH PALM BEACH FL 33408

Mailing Address
D/B/A SUN CLEANERS
1201 U.S. HIGHWAY ONE, #7
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0218106**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, ILA A.
7496 155TH PLACE NORTH
PALM BEACH GARDENS FL 33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PATEL, ILA A	
STREET ADDRESS	7496 155TH PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PATEL, KUMUD	
STREET ADDRESS	9013 DECIMA STREET	
CITY-ST-ZIP	CINCINATI OH 45242	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ANIL	
STREET ADDRESS	7496 155TH PL	
CITY-ST-ZIP	PALM BCH GARDENS FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: SIGNATURE REQUIRED ANIL PATEL 4-29-03 561-622-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)