

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 017 ****50.00

DOCUMENT # L98000001004

1. Entity Name

NATIONAL STAMPING LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
132 MINORCA AVENUE

Suite, Apt. #, etc.

3. Mailing Address
132 MINORCA AVENUE

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-0847955

Applied For
☐ Not Applicable

Zip 33134 **Country**

Zip 33134 **Country**

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

7. Name and Address of Current Registered Agent

Name
FRANK PEREZ-SIAM

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

City CORAL GABLES **FL** **Zip Code** 33134

**DO NOT WRITE
IN THIS SPACE**

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOSE SMITH
132 MINORCA AVENUE
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FERNANDO ORTIZ
132 MINORCA AVENUE
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)