FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 22, 2002 8:00 am Secretary of State M00197 DOCUMENT # 1. Entity Name 07-22-2002 90156 018 \*\*\*150.00 NEO, INC. Principal Place of Business Mailing Address 4105 E. 4TH AVE. 4105 E. 4TH AVE. HIALEAH FL 33013-2303 HIALEAH FL 33013-2303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2405342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEO, JOSE Street Address (P.O. Box Number is Not Acceptable) 621 E. 59TH ST. HIALEAH FL 33013 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) Change ■ Addition NEO, JOSE MANUEL NAME NAME 621 E. 59TH ST. STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if

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SIGNATURE:

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	Division of Orbitations (UBR Allings)
	Division of Coperations (UBR filing)
	Division of Orphaticus (UBR filings)  B.O. Box 1500  Tallahassee, & 32302-1500
	ballahassee, 6£ 32302-1500
	Dear Sirs;
	I was surprised when I received again 2002 UB Report
	See the mail Desause on March 13/02 I mailed to you
	our ek \$ 5747 (3/13/02) in the amount of \$ 15000 covering
-	the payment of 2002 UB Report as well as the Report litself.
	dully signed by me Opparently, both things were nieblaced
	or Gest in the mail.
	But in order to avoid problems fan enclosing herewith
	our ch + 5982 (7/10/02) for \$15000 replacing the cheek before
	mentioned. Our 2002 UB Roport Als been signed and it is
	also enclosed
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