

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90073 024 ***158.75

A0067298

DO NOT WRITE IN THIS SPACE

DOCUMENT # M-46986

1. Entity Name

NEBASO CORP.

Principal Place of Business

Mailing Address

13960 S.W. 38th STREET
Miami, FL. 33175.

13960 S.W. 38th STREET
Miami, FL. 33175.

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

59-2775849

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUZA, NESTOR

13960 S.W. 38th Street

MIAMI FL 33175.

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUZA, NESTOR	
STREET ADDRESS	13960 S.W. 38th St. Miami, FL.	
CITY-ST-ZIP		
TITLE	TDS	<input type="checkbox"/> Delete
NAME	BAUZA, PURA	
STREET ADDRESS	13960 S.W. 38th St. Miami, FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-00

Date

(305) 221-7448

Daytime Phone #

CR2E034 (9/99)

DOC#: M-46986

A0067298

Attachment Doc# M-46986
A0067298

06/30/2000.

Dear Sir:

The reason of this letter, is to explain that I did not receive the uniform report form by mail as usual. I did call asking for a form on the automatic phone service.

Thank you for your kind consideration in this matter

Sincerely


NESTOR BAUZA