

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94712

1. Entity Name
NEARCO, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90004 050 ***150.00

0141382

Principal Place of Business
8341 N.W. 66TH STREET
MIAMI FL 33166

Mailing Address
PO BOX 226826
MIAMI FL 33122

2. Principal Place of Business
11371 S.W. 64 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33173

U.S.

4. FEI Number 65-0078163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARITZABEL NAVAS
8341 NW 66 ST
MIAMI FL 33166

Name MARITZABEL NAVAS

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

11371 S.W. 64 ST

City MIAMI

FL

Zip Code 33173

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, 2001 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 PT
NAME NAVAS, MARITZABEL
STREET ADDRESS 8341 N.W. 66TH ST.
CITY-ST-ZIP MIAMI-FL ☐ Delete

TITLE ~~PT~~
NAME NAVAS, MARITZABEL
STREET ADDRESS 11371 S.W. 64 ST
CITY-ST-ZIP MIAMI-FL 33173 ☒ Change ☐ Addition

TITLE VS
NAME PINERUA, LUIS
STREET ADDRESS 8341 N.W. 66TH ST.
CITY-ST-ZIP MIAMI-FL ☐ Delete

TITLE VS
NAME PINERUA, LUIS
STREET ADDRESS 11371 S.W. 64 ST
CITY-ST-ZIP MIAMI-FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MARITZABEL NAVAS

Date

Daytime Phone #

4/23/01 (305) 273-3567

CR2E034 (10/00)