

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006390

FILED
Sep 12, 2002
Secretary of State

Entity Name: NUBIANS INC.

Current Principal Place of Business:

1335 NE 133 ST
N MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

PO BOX 611984
N MIAMI, FL 332611984

New Mailing Address:

FEI Number: 65-1128327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SARDIA
1335 NE 133 ST
N MIAMI, FL 33161

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, KATHERIA
Address: 1335 NE 133 ST
City-St-Zip: N MIAMI, FL 33161

Title: S () Delete
Name: WILSON, SARDIA
Address: 1335 NE 133 ST
City-St-Zip: N MIAMI, FL 33161

Title: T () Delete
Name: CLARKE, SHARON
Address: 15201 NE 6 AVE #C311
City-St-Zip: MIAMI, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WILSON, SARDIA
Address: 1335 NE 133 ST
City-St-Zip: N MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BYRD, KATHERIA
Address: 1335 N.E. 133RD STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Change (X) Addition
Name: WILSON, SARDIA
Address: 1335 N.E. 133RD STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Change (X) Addition
Name: WILSON, PASSION
Address: 1335 N.E. 133RD STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARDIA WILSON

V

09/12/2002

Electronic Signature of Signing Officer or Director

Date