

FROM :

FAX NO. : 9547209509

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 001 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000004285

1. Entity Name
NUNO, INC. ?

20041150

Principal Place of Business
4947 N CONGRESS AVE
BOYNTON BEACH, FL 33462Mailing Address
6601 LYONS ROAD
SUITE 19
COCONUT CREEK, FL 33073

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
65-0972828Applied For
Not Applicable5. 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

BERA, NUNO S
4947 N CONGRESS AVE
BOYNTON BEACH, FL 33462

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. I am further with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed the printed name of signatory and title if applicable.

If OFFICER, Registered Agent, signatory dependent with statement

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	BEIRA, NUNO S	4947 N CONGRESS AVE	BOYNTON BEACH, FL 33462	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 10 or block 11 if changed, or on an attachment with an address, with all other time empowered.

SIGNATURE:

SIGNATURE AND TYPE IN PRINT OF NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Certified True & Correct