

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 011 ***158.75

DOCUMENT # *P00000005485*

1. Entity Name *NEAPOLIS INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 NW 72 AVE

3. Mailing Address

777 NW 72 AVE

Suite, Apt. #, etc.

STE 2F19

Suite, Apt. #, etc.

STE 2F19

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0977453

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

33126-3015

Zip

Country

33126-3015

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FERDINANDO ESPOSITO

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

8820 SW 123CT # L301

City

MIAMI

FL

Zip Code

33186-4146

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

FERDINANDO ESPOSITO PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *D/P/V*
NAME *FERDINANDO ESPOSITO*
STREET ADDRESS *8820 SW 123CT # L301*
CITY-ST-ZIP *MIAMI FL 33186-4146*

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/02

Daytime Phone #

305-269-8555

CR2E034B (12/01)