

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

01290359

**DOCUMENT # P00000012245**

1. Entity Name  
**NU-CON, INC.**

05-18-2001 91558 037 \*\*\*150.00

Principal Place of Business Mailing Address  
**11411 NW 39TH COURT NO. 315** **11411 NW 39TH COURT NO. 315**  
**CORAL SPRINGS FL 33065** **CORAL SPRINGS FL 33065**

100304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2757 NW 92 AVE** **2757 NW 92 AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**CORAL SPRINGS, FL** **CORAL SPRINGS, FL**  
 Zip Country Zip Country  
**33065 BROWARD** **33065 BROWARD**

4. FEI Number Applied For  
**65-0980573** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NUNEZ, MIGUEL A**  
~~**11411 NW 39TH COURT NO. 315**~~  
~~**CORAL SPRINGS FL 33065**~~  
**2757 NW 92 AVE**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
 Name **MIGUEL A. NUNEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2757 NW 92 AVE**  
 City **CORAL SPRINGS** **FL** Zip Code **33065**

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 *Miguel A. Nunez* **MIGUEL A. NUNEZ** **4/20/01**  
 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. ☐ **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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, MIGUEL		NAME	NUNEZ, MIGUEL	
STREET ADDRESS	11411 NW 39TH COURT NO. 315		STREET ADDRESS	2757 NW 92 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCET, SANTA X		NAME	CONCET, SANTA X	
STREET ADDRESS	11411 NW 39TH COURT NO. 315		STREET ADDRESS	2757 NW 92 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Miguel A. Nunez* **MIGUEL A. NUNEZ** **4/20/01** **954-817-0435**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)