6/21

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
06-20-2001 90003 042 ***150.00

DOCUMENT # P00000018491

1. Entity Name
NI'XVI'I CORP.

Principal Place of Business
469 N.W. 48 ST
FT. LAUD, FL, 33309

Mailing Address
P.O. BOX 9661
FT. LAUD, FL,
33310-9661

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
469 N.W. 48 ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 9661
Suite, Apt. #, etc.

City & State
FT. LAUD, FL.

City & State
FT. Lauderdale FL.

Zip
33309

Country
Broward

Zip
33310-9661

Country
Broward.

4. FEI Number
65-0999061

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NIXON VILLALOBOS.
469 N.W. 48 ST.
FT. LAUD, FL, 33309

7. **Name and Address of New Registered Agent**
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.

SIGNATURE ____________ 7/12/01
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. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / NIXON VILLALOBOS / 469 N.W. 48 ST. / FT. LAUD, FL, 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	president. / NIXON VILLALOBOS. / 469 N.W. 48 ST. / FT. LAUD, FL, 33309 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: NIXON VILLALOBOS ____ 6/6/01 (954) 771-8013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #