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

## **DOCUMENT #**

P00000027372

1. Entity Name

NEPTUNE INTERNATIONAL CORPORATION



**FILED** Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90105 026 \*\*\*150.00

Principal Place of Business 10914 SW 72ND STREET #386 MIAMI FL 33173			10914 #386	ng Address I SW 72ND STREET						
2. Principal Place of Business				iling Address			4 70031001 111 00111 00114 0014 0014 0014 0	<b>dili 46:10   3</b> 11   <b>1000</b>   111		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State				City & State			65-0994519	<u> </u>	pplied For ot Applicable	
Zip	Country				Country	5	5. Certificate of Status Desired	S8.75 Ad Fee Require		
	6. Name	and Address of Current	Registere	ed Agent	Nam		. Name and Address of New Reg	istered Agent		
HAN, TIERAN										
10914 SW 72ND STREET				Street Addres			s (P.O. Box Number is Not Acceptable)			
#386										
MIAMI FL 33173								FL Zip Coo	te	
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 familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Finan     Trust Fund Contribution.		00 May Be d to Fees	
10. OFFICERS AND D				I PRS	11.		L ADDITIONS/CHANGES TO OFFICI	ERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAN, TIER 10914 SW MIAMI FL	72ND STREET #386		☐ Delete	TITLE NAME STREET ADDRE	ss		☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

AS RETURNATION OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/10/2003

Date

(786)261-3469