

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044267

1. Entity Name

N71CS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90034 014 ***150.00

Principal Place of Business

14980 N.W. 44TH COURT #244
OPA LOCKA AIRPORT (MAC)
MIAMI FL 33054

Mailing Address

14980 N.W. 44TH COURT #244
OPA LOCKA AIRPORT (MAC)
MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-106988

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

HELLMAN, MAYNARD J ESQ.
150 SOUTH PINE ISLAND ROAD
SUITE 500
PLANTATION FL 33324

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

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 ☒ Delete
NAME D GREEN, CARY
STREET ADDRESS 14980 N.W. 44TH COURT #244
CITY-ST-ZIP MIAMI FL 33054

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS J.R. Stanfield Hayes
CITY-ST-ZIP 14980 N.W. 44th court #244
MIAMI, FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice-President
STREET ADDRESS Hugh Villalobos
CITY-ST-ZIP 14980 N.W. 44th court #244
MIAMI, FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
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:

J.R. Hayes J.R. Hayes

4-16-01

954-253-5737

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)