FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044267

1. Entity Name
N71CS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10833 MORNING STAR DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State
Zip: 33026 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010988 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MAYNARD HERLMAN ESQ

Street Address (P.O. Box Number is ~~Not~~ Acceptable): 130 S. PINE ISLAND RD #500

City: PLANTATION FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	STANFIELD JR HAYES
STREET ADDRESS	10833 MORNINGSTAR DRIVE
CITY-ST-ZIP	HOLLYWOOD FL 33026
TITLE	VP
NAME	ANGIE VILLALOBOS
STREET ADDRESS	14980 NW 4 CT #244
CITY-ST-ZIP	MIAMI FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700010425027
10/22/02--01121--010 **550.00

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CR2E034B (12/01)

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: J.R. Stanfield Hayes J.R. Stanfield Hayes 9-16-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #