

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

DOCUMENT # **P00000049551**
1. Entity Name

NR STUDIO, INC

FILED

02 OCT 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7840 NW 57 ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 52 2131
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33166
Country
USA

City & State
MIAMI FL
Zip
33152-2131
Country
USA

4. FEI Number
65-1013514
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
NORMA REBOREDO
Street Address (P.O. Box Number is Not Acceptable)
7840 NW 57 ST
City
MIAMI FL Zip Code
33166

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NORMA REBOREDO
7840 NW 57 ST, MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100008567231
10/24/02--01054--011 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 register 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.

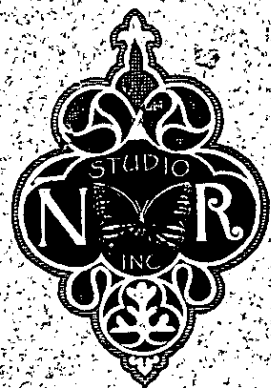
SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/02 **305-613-5721**
Date Daytime Phone #

CR2E034B (12/01)

gs 10/22/02



October 17, 2002

Via regular mail

Division of corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

NR Studio, Inc. did not receive the 2001 uniform business report due to the change of mailing address. I am inclosing a check for (\$300.00) with the UBR form with this letter. Thank you for your prompt attention.

New mailing address: P.O. Box 522131
Miami, FL 33152-2131

FEI number: 65-1013514

Sincerely yours,


Norma Reboredo
President

NR STUDIO INCORPORATED

Studio (786) 845-8811 Pager: (305) 352-6653
Post Office Box 52-2131 Miami, Florida 33152-2131 normareboredo@yahoo.com