

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 041 ***150.00

DOCUMENT # P 00000061686

1. Entity Name

NESBETH HOLDINGS, INC. ✓

DO NOT WRITE IN THIS SPACE

666760

2. Principal Place of Business
13350 NW 27th Avenue

Suite, Apt. #, etc.

3. Mailing Address
20 N.W. 60TH COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Opa Locka, FL

City & State
MIAMI, FL

4. FEI Number
65-1021137

Applied For
Not Applicable

Zip
33054

Country
U.S.A.

Zip
33126

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARETH H. BULLOCK, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
46 Gables Blvd.

City
Weston FL Zip Code
33326

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) ☒

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
P
HYLTON T. NESBETH
20 N.W. 60TH COURT
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CAMELLE NESBETH
20 N.W. 60TH COURT
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GARETH BULLOCK
46 GABLES BLVD.
WESTON, FL 33326

TITLE
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**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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)