

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90153 020 ***150.00

DOCUMENT # 200000063418

1. Entity Name
NELLYS CORP.

Principal Place of Business
2350 W 60 ST
#10-11
HIALEAH FL 33016

Mailing Address
2350 W 60 ST
#10-11
HIALEAH FL 33016

68010281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 E 25 ST

3. Mailing Address
801 E 25 ST

Suite, Apt. #, etc.
1011

Suite, Apt. #, etc.
1011

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number

Applied For
 Not Applicable

Zip Country
33013-3401

Zip Country
33013-3401

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

TOLEDO, AYMEE
2350 W 60 ST
#10-11
HIALEAH, FL 33016

Name **TOLEDO, AYMEE**
 Street Address (P.O. Box Number is Not Acceptable)
801 E 25 ST
1011
 City **HIALEAH, FL** Zip Code **33013**

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. **-3401**

SIGNATURE *[Signature]* **Aymee Toledo** **1/22/03**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, AYMEE 2350 W 60 ST #10-11 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLEDO, LUIS 2350 W 60 ST #10-11 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, AYMEE 801 E 25 ST #1011 HIALEAH, FL 33013-3401	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLEDO, LUIS 801 E 25 ST #1011 HIALEAH, FL 33013-3401	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **Aymee Toledo** **1/22/03**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

305-804 5385