2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000072347



FILED Jan 13, 2003 8:00 am Secretary of State

1. Entity N	ES, INC.	<i>0</i> 00072347			01-13-2003 90354		
	ace of Business	Mailing Address					
23285 MIRABELLA CIR.		23285 MIRABELLA CIR.					
BOCA RATON FL 33433		BOCA RATON FL	BOCA RATON FL 33433				
					I H ar in as in Br it Fa ll Ja rit Br it B		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK-HERE IF MAK	CINIC CHANCE	re.
City & St	ate	City & State			4. FE! Number		
Zip					65-1085604		Applied For Not Applicable
Zip	Country	Zip	Country	'	5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Curre	nt Registered Agent			<u> </u>	Fee Requir	red
				Name	7. Name and Address of New Register	ea Agent	
	Pan, Paul		<u> </u>	Stroot Andres (D			
	RTH EAST 190TH SUITE 102			Street Address (P.	O. Box Number is Not Acceptable)		
Miami Fl	. 33180						
				City		Zin Co	
8. The above	anamed entity submits this statement	for the purpose of the	I .	•		Zip Co	
the obliga	tions of registered agent.	tor the purpose or chang	ing its registered (office or registere	d agent, or both, in the State of Florida. 1 a	am familiar with	, and accept
SIGNATURE							
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Ag	ent signature required w	hen reinstating) DAT		 :
	ILE NOW!!! FEE IS \$150.00						
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State			9: Election Campaign Financing- Trust Fund Contribution.	□ \$5:0 □ Adde	00 May Be
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IQ INI 11
TITLE	PD	☐ Delete	TITLE		The state of the s	Change	Addition
NAME STREET ADDRESS	THIER, RICHARD		NAME	ĺ		Onlingo	☐ Addition
CITY-ST-ZIP	23285 MIRABELLA CIR. BOCA RATON FL 33433		STREET AL	l l			
TITLE	10071011011120000		CITY-ST-	ZIP			
NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			STREET AD	ODRESS			
CITY-ST-ZIP			CITY-ST-Z				
TITLE		☐ Delete	TITLE			Change	□ Addie
NAME			NAME			Unange	☐ Addition
STREET ADDRESS City-St-Zip			STREET AD	l l			
TITLE	-		CITY-ST-Z	ZIP			
VAME		☐ Delete	TITLE	ĺ		☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADI	naess -			
CITY-ST-ZIP	-		CITY-ST-Z	1			
TITLE		☐ Delete	TITLE				
IAME		2500	NAME			☐ Change	☐ Addition
TREET ADDRESS	•		STREET ADD	DRESS			-
			CITY-ST-ZI	Р			
ITLE AME		☐ Delete	TITLE			☐ Change	Addition
TREET ADDRESS			NAME				
ITY-ST-ZIP	//		STREET ADD CITY-ST-ZIF				
			■ CITE-21-21	' 1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(61)212-3111