FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91880 031 ***158.75

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078411

1. Entity Name: NELIZ - ENTERPRIDS, INC.

Principal Place of Business: 2401 N.W. 33RD AVENUE, Miami, FLORIDA 33142

Mailing Address: 248 MAJORCO AVENUE, CORAL GABLES, FL 33134

55046257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2401 N.W. 33RD AVENUE
Suite, Apt. #, etc.:
City & State: Miami, Fla
Zip: 33142 Country: U.S.A

3. Mailing Address: 248 MAJORCA AVENUE
Suite, Apt. #, etc.:
City & State: CORAL GABLES, FLORIDA
Zip: 33134 Country: U.S.A.

4. FEI Number: 65-1038057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON J. ALVARADO
248 MAJORCO AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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] April/30/2003
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)

[illegible]

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	☐ Delete	TITLE: SECRETARY / NAME: FREDY - ALVARADO / STREET ADDRESS: 248 MAJORCA AVENUE / CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Change ☒ Addition
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CR2E034 (11/00)

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

SIGNATURE: [signature] (SECRETARY) April/30/2003 (305-636-4101)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

[signature] June/02/2003