

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 019 ***150.00

DOCUMENT # P00000087693

1. Entity Name

NAN LON, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

840 NE 182 TERRACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

4. FEI Number

65-1040569

Applied For

Not Applicable

Zip

33162

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

OSCAR A CABRERA, P.A.

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

9005 SW 168 COURT

City

MIAMI

FL

Zip Code

33196

**DO NOT WRITE
IN THIS SPACE**

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

Oscar A. Cabrera, P.A.

02-19-02

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 | PD PEINADO, FRANCISCO J. 840 NE 182 TERRACE NORTH MIAMI BEACH, FL 33162 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SOLER, PASCUAL 840 NE 182 TERRACE NORTH MIAMI BEACH, FL 33162 |
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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 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 #

2/24/02

CR2E034B (12/01)