

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
05-29-2002 90739 021 \*\*\*150.00

**DOCUMENT #** P000000095173  
**1. Entity Name** NEW GENERATION RESCUE PILOT, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
515 5TH LANE  
Suite, Apt. #, etc.  
**City & State**  
GREENACRES, FLORIDA  
Zip 33463 Country USA

**3. Mailing Address**  
515 5TH LANE  
Suite, Apt. #, etc.  
**City & State**  
GREENACRES, FLORIDA  
Zip 33463 Country USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3673934 **Applied For**  
☒ **Not Applicable**

**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** JENNIFER ULLDA  
**Street Address (P.O. Box Number is Not Acceptable)**  
515 5TH LANE  
**City** GREENACRES, FLORIDA **Zip Code** 33463

**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** Jennifer Ullda **DIRECTOR JENNIFER ULLDA** 05/17/02  
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) ☒

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** DIRECTOR / PRESIDENT  
**NAME** JENNIFER ULLDA  
**STREET ADDRESS** 515 5TH LANE  
**CITY-ST-ZIP** GREENACRES, FL. 33463

**TITLE** VICE PRESIDENT  
**NAME** MAURICIO ULLDA  
**STREET ADDRESS** 515 5TH LANE  
**CITY-ST-ZIP** GREENACRES, FL. 33463

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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)(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:** Jennifer Ullda **JENNIFER ULLDA** 05/17/02 (561) 347-3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

**NEW GENERATION RESCUE PILOT, INC.**  
**JENNIFER ULLOA**

515 5th Lane  
Greenacres, Fla. 33463

(561)965-9029

Attachment  
R# P0000095173  
B0123418

May 19, 2002

Division of Corporations  
P.O.Box 1500  
Tallahassee, Florida 32302-1500

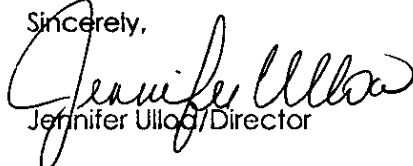
RE: For Profit Uniform Business Report  
FEI Number# 59-367-3934

To Whom It May Concern;

I am writing this letter in reference to a conversation that I had with your agent Laurie on 05-17-2002. I was advised by Laurie that due to the fact that I did not receive a Profit Corporation Uniform Business Report, I would be able to download a copy of this document from the internet and submit this with a payment of \$150.00 in order to renew my corporation. I advised Laurie that I had spoken with my accountant several times over the past several months in reference to renewing my corporation, and was under the impression that it had been taken care of in a timely manner. My accountant advised me on May 1, 2002 that the renewal of my corporation had not been completed.

I have currently obtained a new accountant, due to all of the problems and poor guidance that I have had in the past. Thank you for your immediate attention to this matter and for your guidance. If you have any questions relating to this matter, please contact me at (561) 347-3939.

Sincerely,

  
Jennifer Ulloa/Director