

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90127 008 \*\*\*150.00

005786 AV

**DOCUMENT #** P00000103178  
**1. Entity Name**  
**NOON, INC.**

**Principal Place of Business** **Mailing Address**  
**1880 NE 124 ST.** **1880 NE 124 ST.**  
**N. MIAMI FL 33181** **N. MIAMI FL 33181**

**2. Principal Place of Business** **3. Mailing Address**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**6. Name and Address of Current Registered Agent**  
**NARANJO, LISETTE**  
**1880 NE 124 ST.**  
**N. MIAMI FL 33181**

**4. FEI Number** **65-1052760** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>NARANJO, LISETTE</b> <b>1880 NE 124 ST.</b> <b>N. MIAMI FL 33181</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *LiSette Naranjo* **SIGNATURE REQUIRED** **07/06/01** **205-981-8893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# PD0000103178  
10098813  


Architectural Designs, Interiors & Construction t. 305 981 8893

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July 5, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6357  
Tallahassee, Florida 32314

To whom it may concern,

I opened my business in November of 2000. I never received the first notice to keep my business open and was not aware of the payment I needed to make to the State of Florida. Please accept this letter of apology along with my initial fee of \$150.00.

Thank you,



Lisette Naranjo