

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

APPROVED  
AND  
FILED

02 AUG 26 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500007512925--9  
-09/04/02--01042--016  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000110754

1. Entity Name

N B B look, Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7967 NW 64 St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

33166

Country

U.S.A

Zip

Country

4. FEI Number

80-0030067

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Blanca Cecilia Pulido

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

7967 NW 64 St

City

Miami

FL

Zip Code

33166

**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

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 P.V.P.  
NAME Blanca Cecilia Pulido  
STREET ADDRESS 7967 NW 64 St  
CITY-ST-ZIP MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P.  
NAME Norberto Jazquez  
STREET ADDRESS 7967 NW 64 St  
CITY-ST-ZIP MIAMI FL 33166

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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 #

08-20-02 3056088866

CR2E034B (12/01)