

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012959

1. Entity Name  
NEX PC, CORP.

Principal Place of Business  
1250 E HALLANDALE BEACH BLVD, SUITE 305  
HALLANDALE BEACH FL 33009

Mailing Address  
1250 E HALLANDALE BEACH BLVD, SUITE 305  
HALLANDALE BEACH FL 33009

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

4. FEI Number

65-1076650

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

|                |   |  |
|----------------|---|--|
| TITLE          | P                                       | <input type="checkbox"/> Delete            |
| NAME           | STIBERMAN, ROBERT                       |  |
| STREET ADDRESS | 1250 E HALLANDALE BEACH BLVD, SUITE 305 |  |
| CITY-ST-ZIP    | HALLANDALE BEACH FL 33009               |  |
| TITLE          | V                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ZUBATA, CARLOS                          |  |
| STREET ADDRESS | 1250 E HALLANDALE BEACH BLVD, SUITE 305 |  |
| CITY-ST-ZIP    | HALLANDALE BEACH FL 33009               |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002

Date

305-445-5077

Daytime Phone #

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90093 044 \*\*\*150.00

32213



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)