

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

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91216 038 ***150.00

DOCUMENT # **PO1000026621**

1. Entity Name
NILO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7948 NW 187 Terr
Suite, Apt. #, etc.

3. Mailing Address
7948 NW 187 Terr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33015
Country
USA

City & State
MIAMI FL
Zip
33015
Country
USA

4. FEI Number
65-1083645
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
Juan Loor
Street Address (P.O. Box Number is Not Acceptable)
7848 NW 187
City
Miami FL Zip Code
33015

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 _____ (Print or type name of registered agent and office address) (Print or type name of registered agent and office address) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

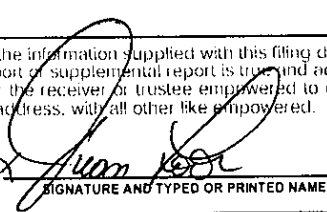
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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	President Juan Loor 7948 NW 187 Terr Miami, FL 33015	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	JS April Loor 7948 NW 187 Terr Miami, FL 33015	TITLE NAME STREET ADDRESS CITY ST ZIP	
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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)(f), 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:  **Juan Loor President** 4-18-02 786-229-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR