FILED
Jul 22, 2002 8:00 am
Secretary of State
05-15-2002 90084 040 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030345 ✓

1. Entity Name
NG GENERAL REPRESENTATIONS, INC.

DO NOT WRITE IN THIS SPACE

39077

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2. Principal Place of Business	3. Mailing Address
169 E. FLAGLER ST	169 E FLAGLER ST
Suite, Apt. #, etc. # 1534	Suite, Apt. #, etc. # 1534
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country DADE	Zip 33131 Country DADE

4. FEI Number 65-1096058 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name NESTOR A. ROJAS

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

169 E. FLAGLER ST STE 1534

City MIAMI FL Zip Code 33131

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	PRESIDENT
NAME	NESTOR A. ROJAS
STREET ADDRESS	169 E. FLAGLER ST 1534
CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ NESTOR ROJAS PRESIDENT 04/15/02

Signature and Typed or Printed Name of Officer or Director Date Daytime Phone #