

FROM :

FAX NO. : 9547209509

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000042670			
1. Entity Name NUNO III, INC.			
Principal Place of Business 2908 OAKWOOD BLVD. HOLLYWOOD, FL 33020		Mailing Address 2908 OAKWOOD BLVD. HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
City, Apt. #, etc.		City, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1093387		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$0.75	
6. Name and Address of Current Registered Agent BEIRA, NUNO 6801 LYONS ROAD SUITE 19 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent	
NAME		NAME	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
CITY		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, in ink, of the person named as registered agent and file if applicable NOTE: Registered Agent Signature required when registering DATE			
9. Election Campaign Financing That Full Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(c), 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 10 or Block 11 if changed, or on an attachment with an address with all other time empowered.			
SIGNATURE: 		4/28/03	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

20041152

CHANGES (10/02/03)