

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90164 015 ***150.00

DOCUMENT # P01000043303

1. Entity Name

Numen Press, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1290 N Park Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Rachel Sin

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

5100 Old Howell Branch Rd

City

Winter Park FL

Zip Code

32792

**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

Rachel Sin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/20/02

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

Guillermo Nodarse
1290 N Park Ave
Winter Park FL 32789

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

DATE

Daytime Phone #

CR2E034B (12/01)