

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90193 038 ***150.00

DOCUMENT # **P01000044488**



1. Entity Name
NEVISKO CORP.

Principal Place of Business
**MALLAH, FUMAN AND COMPANY P.A.
1001 BRICKELL BAY DR SUITE 1400
MIAMI FL 33131**

Mailing Address
**MALLAH, FUMAN AND COMPANY P.A.
1001 BRICKELL BAY DR SUITE 1400
MIAMI FL 33131**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **05-0421119**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LOUMIET, JUAN ESQ
1221 BRICKELL AVE., 24TH FL
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **Peninsula Registered Agents, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
**200 South Biscayne Boulevard
43rd Floor**
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. I am familiar with, and accept the obligations of registered agent.
Peninsula Registered Agents, Inc.
By: *Debra Palmisano*
SIGNATURE: *Debra Palmisano* DATE: _____
Signature of registered agent and title not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	TCHINNOSEAN, JORGE	1221 BRICKELL AVE., 24TH FL MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information provided.

SIGNATURE: _____
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.04.03 305.538.0887
Date Daytime Phone #

CDREC03 110102