

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

FILED

03 AUG -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000049296
1. Entity Name



NUPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MIAMI, FLORIDA
Suite, Apt. #, etc.

3. Mailing Address
1000 SOUTH POINT DRIVE
Suite, Apt. #, etc.

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

OPA LOCKA INDUSTRIAL #804
City & State
PARK 14985 NW 27TH AVE

MIAMI BEACH, FL
City & State

4. FEI Number
65-11428211

Applied For
Not Applicable

Zip
33141

Country
USA

Zip
33139

Country
USA

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

1000 SOUTH POINT DRIVE #804
City MIAMI BEACH FL Zip Code 33139

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 *Ines Portuondo*

7/15/03

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT
ANGEL PORTUONDO
STREET ADDRESS
CITY-ST-ZIP 1000 SOUTH POINT DRIVE #804
MIAMI BEACH, FL 33139

TITLE
NAME SECRETARY
NURIS MORENO
STREET ADDRESS
CITY-ST-ZIP 1000 SOUTH POINT DRIVE #804
MIAMI BEACH, FL 33139

TITLE
NAME TREASURER
INES OORTUONDO
STREET ADDRESS
CITY-ST-ZIP ~~1000 SOUTH POINT DRIVE~~ #804
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP 400022344474
08/15/03-01012-021 **550.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without, as empowered.

SIGNATURE *Ines Portuondo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03
Date

Daytime Phone #

CR2E034B (12/02)

7/17