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FILED
Jul 11, 2002 8:00 am
Secretary of State

05-02-2002 90097 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050502

1. Entity Name
NEXTCORP, INC.

Principal Place of Business
3480 SW 59 PLACE
FT LAUDERDALE FL 33312

Mailing Address
3480 SW 59 PLACE
FT LAUDERDALE FL 33312

96990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8180 W.W. 36 ST

3. Mailing Address
NEXTCORP 3611 SOUTH.W.W.

Suite, Apt. #, etc.
SUITE 408

Suite, Apt. #, etc.
SUITE

City & State
MIAMI, FLORIDA

City & State
MIAMI

4. FEI Number
65-1105801

Applied For
☐ Not Applicable

Zip
33160

Country
D.O.E.

Zip

Country

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

6. Name and Address of Current Registered Agent

GARCIA, RAFAEL
3480 SW 59 PLACE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
P
 NAME
GARCIA, RAFAEL
 STREET ADDRESS
3480 SW 59 PLACE
 CITY-ST-ZIP
FT LAUDERDALE FL 33312

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment which an address shall be made into an empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/02

Date

Daytime Phone

CP2E034 (8/01)

Attachment
96990

July 2, 2002 Attachment

DIVISION OF CORPORATIONS
P.O. Box. 1500
Tallahassee, FL 32302-1500

SUBJECT: Katherine Harris
~~Secretary of State~~
Ref. Number: P01000050502

We have received the Letter Number 702A00041823 with the wrong Federal Employer Identification number. Now we are sending back to you the correct FEI before 30 days of the date of this letter in order to avoid the \$400.00 LATE FEE.


RAFAEL GARCIA
President

SHOWROOM • SALES • CUSTOMER SERVICE

**NEXT
CORP.
INC.**