FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071006

1. Entity Name
NPN INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 370305	P.O. Box 370305
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124498 ☐ Applied For ☐ Not Applicable

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: Pierre-Camel, Aland

Street Address (P.O. Box Number is Not Acceptable): 19499 NE 10 Ave #105

City: N. Miami Bch FL Zip Code: 33162

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PD Nicolas Fritz A 1555 NE. Street North Miami FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Nicolas Wilton 1555 NE 138 St N. Miami FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pierre-Camel, Aland 1240 NE 182 St N. Miami FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nicolas André 490 NE 132 St N. Miami FL 33168
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nicolas FRITZ Nicolas 04-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #