

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90072 010 ***150.00

DOCUMENT # P01000071170

1. Entity Name
NISSMO CORP.

Principal Place of Business

**2500 W. 78 ST.
 SUITE 788
 HIALEAH FL 33016**

Mailing Address

**2500 W. 78 ST.
 SUITE 788
 HIALEAH FL 33016**

2. Principal Place of Business

2383 W. 77 ST.

Suite, Apt. #, etc.

Hialeah

City & State

FL.

Zip

33016

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33016

Country

USA

4. FEI Number

65-112-1722

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, EDGARDO
 3820 NW 135TH STREET
 OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name

Manuel Martinez Guerrero

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

2500 W. 77 ST. Suite 7

Hialeah FL.

City

33016

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/30/02

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 **PD** ☐ Delete
 NAME **PEREZ, JOSE**
 STREET ADDRESS **9029 NW 152ND LANE**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (3-5) 538 4972

CR2E034 (9/01)