

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90086 001 ***150.00

DOCUMENT # P01000079406

1. Entity Name
NISSI INTERNATIONAL INC.



Principal Place of Business
**815 N. HOMESTEAD BLVD
#350
HOMESTEAD FL 33030**

Mailing Address
**815 N. HOMESTEAD BLVD
#350
HOMESTEAD FL 33030**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1017161**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, VICTOR
30370 OLD DIXIE HWY #313
HOMESTEAD FL 33033-3215**

Name **Lopez, Victor**

Street Address (P.O. Box Number is Not Acceptable)
815 N. Homestead Blvd # 350

City **Homestead**

FL

Zip Code **33030**

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 **Victor Lopez**

6 Jan 03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
LOPEZ, VICTOR
30370 OLD DIXIE HWY #313
HOMESTEAD FL 33033-3215** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/T
Lopez, Victor
815 N. Homestead, Blvd #350
Homestead, FL 33030** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Lopez, Maria A.
815 N. Homestead, Blvd #350
Homestead, FL 33030** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Jan 03

Date

305-342-3769

Daytime Phone #

CR2E034 (10/02)