

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90056 017 ***150.00

DOCUMENT # P01000081843

1. Entity Name
NP&DP, INC

Principal Place of Business

329 WEST PALM DRIVE
FLORIDA CITY FL 33034

Mailing Address

329 WEST PALM DRIVE
FLORIDA CITY FL 33034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29949 S. Dixie Hwy.

Suite, Apt. #, etc.

3. Mailing Address

29949 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Homestead Florida

City & State

Homestead, Florida

4. FEI Number

65-1136024

Applied For

Not Applicable

Zip

Country

33033

DAPE

Zip

Country

33033

DAPE

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

DELGADO, RENNY A

329 WEST PALM DRIVE
FLORIDA CITY FL 33034

Name

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

1502 E Mowry Dr. Apt. 105

City

Homestead

FL

Zip Code

33033

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DELGADO, RENNY A	
STREET ADDRESS	329 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEGRETTI, WILSEN N	
STREET ADDRESS	329 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1502 E MOWRY DR APT 105
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1502 E MOWRY DR APT 105
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02 305-246-4152

Date

Daytime Phone #

CR2E034 (9/01)