

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90003 004 ***158.75

0245041 - AV

DOCUMENT # P01000082819

1. Entity Name
N & V PUBLISHERS, INC.

Principal Place of Business

**4816 S.W. 72ND AVE
 MIAMI FL 33155**

Mailing Address

**4816 S.W. 72ND AVE
 MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

836 SOUTH MIAMI AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 830245

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

01-6173584

Applied For

Not Applicable

Zip

33130

Country

DADE

Zip

33283

Country

DADE

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VEGA, RAFAEL
 4816 SW 72ND AVE
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

RAFAEL VEGA

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

836 SOUTH MIAMI AVE

City

MIAMI

FL

Zip Code

33130

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.

RAFAEL VEGA

(NOTE: Registered Agent signature required when reinstating)

03/30/02

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	<input type="checkbox"/> Delete
NAME	NIETO, CESAR C	
STREET ADDRESS	P.O. BOX 830245	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE	V	<input type="checkbox"/> Delete
NAME	VEGA, RAFAEL	
STREET ADDRESS	P.O. BOX 403021	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	VEGA, GLORIA E	
STREET ADDRESS	P.O. BOX 403021	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIETO, PATRICIA	
STREET ADDRESS	P.O. BOX 830245	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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 all other like empowered.

SIGNATURE:

RAFAEL VEGA

03/30/02

786 208 8930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)