

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0155601 AV

DOCUMENT # P01000084305

1. Entity Name  
NATIONAL ENTERPRISE SERVICES, CORP.



05-05-2003 90148 032 \*\*\*150.00

Principal Place of Business  
9708 NW 127TH STREET  
HIALEAH GARDENS FL 33018

Mailing Address  
9708 NW 127TH STREET  
HIALEAH GARDENS FL 33018

2. Principal Place of Business

3. Mailing Address

*Same as Above*

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1129354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEREDO, OTNIEL  
9708 NW 127TH STREET  
HIALEAH GARDENS FL 33018

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P  
NAME FIGUEREDO, OTNIEL  
STREET ADDRESS 9708 NW 127TH STREET  
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE VP.  
NAME Sandra E. Figueredo  
STREET ADDRESS 9708 NW 127th Street  
CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 of Figueredo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

Daytime Phone #

CR2E034 (10/02)