

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91195 045 ***150.00

DOCUMENT # P01000085462

1. Entity Name
NOCOM ENTERPRISES, INC.

Principal Place of Business

7915 MACINNES DR
JACKSONVILLE FL 32244

Mailing Address

7915 MACINNES DR
JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6625-3 ARGYLE FOREST BLVD
 Suite, Apt. #, etc.

3. Mailing Address

6625-3 ARGYLE FOREST BLVD
 Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

4. FEI Number

Applied For

☒ **Not Applicable**

Zip

Country

32244

USA

Zip

Country

32244

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOCOM, BIENVENIDO
7915 MACINNES DR
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]
 Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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	D <input type="checkbox"/> Delete
NAME	NOCOM, BIENVENIDO I
STREET ADDRESS	7915 MACINNES DR
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	D <input type="checkbox"/> Delete
NAME	NOCOM, JORGE T
STREET ADDRESS	7915 MACINNES DR
CITY-ST-ZIP	JACKSONVILLE FL 32244
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 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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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (904) 778-1002
 Date Daytime Phone #

CR2E034 (9/01)