

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-30-2003 90092 033 ***150.00

DOCUMENT # P02000006604

1. Entity Name
N. E. G. CONSULTING, INC.



Principal Place of Business
12864 BISCAYNE BLVD.
176
N. MIAMI FL 33181

Mailing Address
12864 BISCAYNE BLVD.
176
N. MIAMI FL 33181

33043059



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

NEUHUBER, KURT R
12864 BISCAYNE BLVD.
176
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **NANCY DE LA CRUZ**
Street Address (P.O. Box Number is Not Acceptable)
3055 N.E. 190th St. #101
City **AVENTURA** FL **33180**

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 *Kurt Neuhuber / Nancy De la Cruz* **01-28-03**
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

TITLE **AGENT - OFFICER** ☒ Delete
NAME **KURT NEUHUBER**
STREET ADDRESS **12864 BISCAYNE BLVD. #176**
CITY-ST-ZIP **N. MIAMI FL. 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **REGISTERED AGENT - OFFICER** ☒ Change ☐ Addition
NAME **NANCY DE LA CRUZ**
STREET ADDRESS **3055 N.E. 190th St. #101**
CITY-ST-ZIP **AVENTURA - FL. 33180**

TITLE ☐ Change ☐ Addition
NAME
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: *Kurt Neuhuber / Nancy De la Cruz* **01-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)