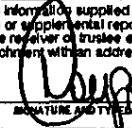


FILED
Jun 11, 2003 8:00 am
Secretary of State

05-06-2003 90050 034 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038633			
1. Entity Name NICOUSO ENTERPRISES, INC.			
Principal Place of Business 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131		Mailing Address 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131	
2. Principal Place of Business 18683 S. Dixie Hwy.		3. Mailing Address 18683 S. Dixie Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami Florida	
Zip 33157-6804		Country USA	
4. FEI Number 02-0617-188		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MELAND, MARK S ESQ. 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Nelson Couso Street Address (P.O. Box Number is Not Acceptable) 11221 S.W. 100th Avenue City Miami FL Zip Code 33176	
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.		DATE 6/4/03 DATE	
		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 NAME STREET ADDRESS CITY-ST-ZIP	President Nelson Couso 11221 S.W. 100th Ave. Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOUSO ENTERPRISES INC SGT. REYES SUBS & SALAS 18683 S. DIXIE HWY, MIAMI FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.			
SIGNATURE:  NEILON Couso		DATE MAY 01, 2003	Office Phone # 305 255-6440

55047509

☐ CHECK HERE IF MAKING CHANGES

CRF2034 (10/02)

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