FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90047 026 ***150.00

DOCUMENT # P02000039482

1. Entity Name

NIELSEN ENTERPRISES INC

90100711

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3785 NW 82 AVE	3785 NW 82 AVE
Suite, Apt. #, etc.: STE. 102	Suite, Apt. #, etc.: STE. 102
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number: 03-0426139 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ERIK NIELSEN

Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82 AVE STE. 102

City: MIAMI FL Zip Code: 33166

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: _____ DATE: 4/08/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	ERIK NIELSEN
STREET ADDRESS	3785 NW 82 AVE STE. 102
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DIRECTOR
NAME	LOTTIE NIELSEN
STREET ADDRESS	3785 NW 82 AVE STE. 102
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/08/03 7708068805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #