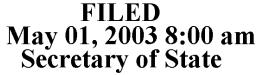
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000051944 **DOCUMENT #**



0363928
₽

NUEVITAS INVESTMENT, CORP.								05-01-2003 90137 049 ****150.00				
Principal Place of Business 2333 CORDOBA BEND WESTON FL 33327			2333	Mailing Address 2333 CORDOBA BEND WESTON FL 33327				1 (1881) (18 18 18 18 18 18 18 18 18 18 18 18 18 1		ADI OHDO HOLD ING DICH OHD KOD		
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES.				
City & State			City	City & State						oplied For ot Applicable],	
Zip	Zip Country			Zip Coun			5.	5. Certificate of Status Desired S8.75				
6. Name and Address of Current Registered Agent							7.	Name and Address of New R	egistered Ag	jent		1
MONTE.IO), HILDEMAI	RO			!	Name MAR		ERESA RODRIG		·	:	
2333 COR					ļ	Street A	ddress (P.O.	Box Number is Not Acceptable)			ĺ
	STON FL 3	3327					<u> </u>	<u> </u>				1.
DEND III						City L	Vest	ా ఎ	FL	Zig Code	್ವಿ ೭ フ	
	e named entit		for the purp	ose of changing its r	egistere			gent, or both, in the State of Flo				
SIGNATURE	ٹ	Let 1										
	Signature, type	or printed harns of red stered age	ent and title if app	licable. (NOTÉ:	Registere	d Agent signatu	ire required when	reinstating)	DATE			ļ
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department						9. Election Campaign Fir Trust Fund Contributio	~ —		0 May Be I to Fees	
10.		OFFICERS AN	ID DIRECTO	RS	11.	<u>-</u>	A	DDITIONS/CHANGES TO OFF	ICERS AND (DIRECTOR!	S IN 11	1
TITLE	D			☐ Delete	TITLE		VICE	- PRESIDENT		Change	Addition	<u>\</u> 8
NAME .	MONTEJO, HILDEMARO			NAMI	E et address	MARIA TENESA RODILIGUEL 2333 CONDOBA BEND					18	
CITY-\$T-ZIP	TREET, ADDRESS 2333 CORDOBA ITY-\$1-ZIP BEND WESTON FL 33327			SIRE			WESTON, FL. 33327					88
TITLE	DEITE TIE	<u> </u>		Delete	TITLE		W 63 (Change	Addition	CR2E034 (10/02)
NAME]			Delete	NAMI				'	ondings	L	ਹ
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP		_ 		<u> </u>		ST-ZIP	<u> </u>					
TITLE NAME	ł			Delete	TITLE	i				Change	☐ Addition	
STREET ADDRESS	•					ET ADDRESS						
CITY-ST-ZIP					•	ST-ZIP						[
TITLE				☐ Delete	TITLE		7			Change	Addition	1
NAME	1				NAME	J						ļ
STREET ADDRESS CITY-ST-ZIP						et address St-Zip						ļ
TITLE	 			Delete	TITLE					Change	☐ Addition	{
NAME	}			C Delete	NAME				ı	Onange	C Manual.	}
STREET ADDRESS						ET ADDRESS						1
CITY-ST-ZIP	<u></u> _				CITY-	ST-ZIP						
TITLE	}			Delete	TITLE	ſ			(Change	☐ Addition	
NAME STREET ADDRESS]				NAME	ET ADDRESS						
CITY CT 7ID	1				0.71	07 70						1

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 feport 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: X

DECHILDE HAND

MONTEDO PRE SIDENT

1-95900 4302131