FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90463 017 ***150.00

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DOCUMENT # P02000060760

1. Entity Name
NAZARETH REPRESENTACIONES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
4895 NW 116 AVE Suite, Apt. #, etc.	4895 NW 116 AVE Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA	4. FEI Number: 04-3685215 ☐ Applied For ☐ Not Applicable
Zip: 33178 Country: US	Zip: 33178 Country: US	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUIS A. LUGO

Street Address (P.O. Box Number is Not Acceptable): 4895 NW 116 AVE

City: MIAMI FL Zip Code: 33178

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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: P,D NAME: LUIS LUGO STREET ADDRESS: 4895 NW 116 AVE CITY-ST-ZIP: MIAMI FL 33178		TITLE: P,D,S NAME: STREET ADDRESS: CITY-ST-ZIP:	
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CR2E034B (12/01)

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

SIGNATURE: _____ LUIS LUGO 02/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #