

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 004 ***158.75

DOCUMENT # **P02 000071454**

1. Entity Name
**NATIONAL MESSENGERS OF FLORIDA
CORP.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8500 S.W. 133 Ave.

3. Mailing Address
8500 S.W. 133 Ave. #420

Suite, Apt. #, etc.
420

Suite, Apt. #, etc.
420

City & State
MIAMI, FLA.

City & State
MIAMI, FL.

Zip
33183 Country
USA

Zip
33183 Country
USA

4. FEI Number
02-0626304

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NOUALI CHOUKRI C.

Street Address (P.O. Box Number is Not Acceptable)

8500 S.W. 133 Ave # 420

City
FL Zip Code

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 **X**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/06/03
DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
NOUALI CHOUKRI C.
8500 S.W. 133 Ave. #420
MIAMI, FLORIDA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/03 (305) 383-3719
Date Daytime Phone #

CR2E034B (12/02)

Attachment #

10103697

May 5, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL. 32302-1500**

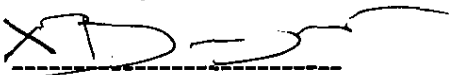
**SUBJECT: UNIFORM BUSINESS REPORT/2003
DOCUMENT # P02000071454**

We would like to inform the Department of Corporation that we have not received the green page to update our corporation for the year 2003.

We are requesting any waiver of penalties or interests and your understanding. Our Accountant questions us about it and advise to explain as soon as possible the missing green application.

We are including the 2003 U.B. R. information on blank copy and a check. We need some understanding and help. Thank.

Sincerely;



**Nouali, Choukri C
President /Director**