


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

DOCUMENT # <b>P02000078259</b>	
1. Entity Name <b>NUSPE, CORP.</b>	

FILED

03 MAR 11 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>17600 COLLINS AV.</b>	3. Mailing Address <b>17600 COLLINS AV.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

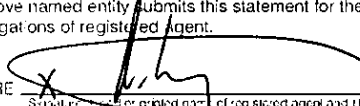
City & State <b>SUNNY ISLES BEACH, FL</b>	City & State <b>SUNNY ISLES BEACH, FL</b>	4. FEI Number <b>SS-0788133</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33160</b>	Country <b>USA</b>	Zip <b>33160</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>RICARDO GRINBERG</b>
Street Address (P.O. Box Number is Not Acceptable) <b>17600 COLLINS AVENUE</b>
City <b>SUNNY ISLES BEACH FL</b>
Zip Code <b>33160</b>

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 **03/05/2003**

**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	<b>PRESIDENT/DIRECTOR</b> <b>DORA PSATHAS DE PEPE</b> <b>17600 Collins Avenue</b> <b>Sunny Isles Beach, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600013919316</b> <b>03/11/03--01059--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VICE-PRESIDENT/DIRECTOR</b> <b>IGNACIO KOVALSKI</b> <b>17600 COLLINS AVENUE</b> <b>SUNNY ISLES BEACH, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IN THIS SPACE</b>
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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 another like empowered.

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

DATE **03/05/2003** (305) 917-7600

CR2E034B (12/02)

*gr 3/17*