2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2003 8:00 am Secretary of State

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DOCUMENT # P02000103787 1. Entity Nišme NES CONSULTANTS, INCORPORATED								
Principal Place of Business Mailing Address P.O. BOX 100731 P.O. BOX 100731 FORT LAUDERDALE FL 33310 - FORT LAUDERDALE FL 33310								
2. Principal Place of Business 5757 Law 50th Street 5757 Law 50th street Suite, Apt. #, etc.								
City & Sta	Sarus FC	City & State	c El		4. FEI Number		plied For	
2 3 3C	· / / / / / / / / / / / / / / / / / / /	² 3306>	Country		37-144 3 2.84 5. Certificate of Status Desired [\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
			Name					
P.O. BOX 100731 🔻 📜				treet Address (P.O. Box Number is Not Acceptable) of Street				
FORT LAUDERDALE FL 33310								
	CirCoral Springs FL Zip Cogie 3067							
8 The above named entity submits his staffment for the purpose at 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 Signature or philid from of intesting agent and by if spokeship. (NOTE: Registered Agent signature required when relinations) DATE								
FILE NOW!!! FEE: IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be								
Make Check Payable to Florida Department of State								
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS		
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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)(1), 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 Block 11 if changed, or on an attachment with an address, with all paper like empowered.								
SIGNATURE: SICALUTURE GEOGRAPHED 4/14/03 9546846848								
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR								