

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108009
1. Entity Name NO PROBLEM INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 850 IVES DAIRY ROAD #506 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State N. MIAMI BEACH, FL		City & State	
Zip 33179	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3761865	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NORMAN E. AKINS	
Street Address (P.O. Box Number is Not Acceptable) 850 IVES DAIRY ROAD # 506	
City NORTH MIAMI BEACH	Zip Code 33179

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 *Norman E. Akins* **NORMAN E. AKINS** **5/1/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME NORMAN E. AKINS
STREET ADDRESS 850 IVES DAIRY ROAD # 506	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179
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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: *Norman E. Akins* **NORMAN E. AKINS** **5/1/2003** **(305) 469-3781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #