


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-16-2003 90188 045 ***150.00

DOCUMENT # P02000114827	
1. Entity Name NOTHING INTERNATIONAL, INC.	

Principal Place of Business 9035 FLYNN CIRCLE #3 BOCA RATON FL 33496	Mailing Address 9035 FLYNN CIRCLE #3 BOCA RATON FL 33496
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2. Principal Place of Business SAME	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
BARATTA, JOSEPH P 9035 FLYNN CIRCLE #3 BOCA RATON FL 33496	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1054838	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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9. Election Campaign Financing	
Trust Fund Contribution	\$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
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CITY-ST-ZIP	

TITLE	Change Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <i>Joseph P. Baratta</i>
DATE: 4-10-03 Daytime Phone #: 954-520-8175

CR2E034 (10/02)