

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90013 013 ***158.75

DOCUMENT # P21448

1. Entity Name
NIGMA CORPORATION

Principal Place of Business 5400 S UNIVERSITY DR. SUITE 210 DAVIE FL 33328 US	Mailing Address 5400 S UNIVERSITY DR. SUITE 210 DAVIE FL 34603-0329 US
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2. Principal Place of Business 1142 W. Jefferson St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10329 Suite, Apt. #, etc.
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City & State Brooksville, FL	City & State Brooksville, FL
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Zip 34601	Country Hernando	Zip 34603-0329	Country Hernando
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4. FEI Number **16-1189209** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CRESPO, CARLOS F
11824 SW 43RD COURT
DAVIE FL 33330

7. Name and Address of New Registered Agent
 Name
Carlos F. Crespo
 Street Address (P.O. Box Number is Not Acceptable)
7361 High Corner Rd.
 City
Brooksville, FL Zip Code
34603

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.
 SIGNATURE  **Carlos F. Crespo, President** **4/4/00**
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF <input type="checkbox"/> Delete CRESPO, CARLOS F. 11824 SW 4TH COURT DAVIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete BAZ, ALBERTO GENERAL LEON #56 MEXICO-DF-11850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P, S, T Carlos F. Crespo 7361 High Corner Rd. Brooksville, FL 34603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Carlos F. Crespo** **4/4/00** **(352)754-9993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)