

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90003 011 ***150.00

DOCUMENT # **P93000038449**

1. Entity Name
NUEVE DE MAYO (MAY 9TH) CORP.

Principal Place of Business

**9981 S.W. 48TH STREET
 MIAMI FL 33165**

Mailing Address

**9981 S.W. 48TH STREET
 MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9981 SW 48 ST
 Suite, Apt. #, etc.

3. Mailing Address

9981 SW 48 ST
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL 33165

4. FEI Number **65-0459502**

Applied For
 Not Applicable

Zip
33165

Country
DADE

Zip

Country
DADE

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

6. Name and Address of Current Registered Agent

**QUINTANA, MARIA J
 9981 S.W. 48TH STREET
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Maria J. Quintana**
 Street Address (P.O. Box Number Is Not Acceptable)
9981 SW 48 ST.
 City **Miami FL** Zip Code **33165**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTANA, MARIA J	
STREET ADDRESS	9981 S.W. 48TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2002
 Date Daytime Phone #

CR2E034 (9/01)