

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90598 014 ***158.75

DOCUMENT # P93000045612

1. Entity Name
NAMOCO INC.



Principal Place of Business
10900 NW 30TH ST
MIAMI FL 33172

Mailing Address
10900 NW 30TH ST
MIAMI FL 33172



2. Principal Place of Business

2601 S. Bayshore Dr.

Suite, Apt. #, etc.
Suite 2040

City & State
Miami, Florida

Zip
33133

Country
Dade

3. Mailing Address

2601 S. Bayshore Dr.

Suite, Apt. #, etc.
Suite # 2040

City & State
Miami, Florida

Zip
33133

Country
Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0424021**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, NATHAN A
10900 NW 30TH ST
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Moore, Nathan
Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Dr # 2040
City
Miami **FL** **Zip Code**
33133

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 _____ **(NOTE: Registered Agent signature required when reinstating)** _____ **DATE** _____

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, NATHAN A	
STREET ADDRESS	9383 NW 13TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE TIMOTHY C	
STREET ADDRESS	9383 NW 13TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	9383 NW 13TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2601 S. Bayshore Dr # 2040
CITY-ST-ZIP	Miami, Florida 33133
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2601 S. Bayshore Dr # 2040
CITY-ST-ZIP	Miami, Florida 33133
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2601 S. Bayshore Dr # 2040
CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03 305 960 2317
Date Daytime Phone #

CR2E034 (10/02)