

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90126 027 ***150.00

01/15/2003 AV

DOCUMENT # P93000073095

1. Entity Name
EK'S NEON SIGNS ENTERPRISES INC.



Principal Place of Business
**3655 WEST 16TH AVE.
#15
HIALEAH FL 33016**

Mailing Address
**3655 WEST 16TH AVE.
#15
HIALEAH FL 33016**



2. Principal Place of Business
1687 West 32nd Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, Florida 33012

City & State
Florida

4. FEI Number **65-0443333**

Applied For
Not Applicable

Zip Country
33012 Dade

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTHA E. BRAVO
3655 W 16 AV #15
HIALEAH FL 33012**

Name
Icela Sousa
Street Address (P.O. Box Number is Not Acceptable)
1687 West 32nd Place
City **Hialeah, Florida FL** Zip Code **33012**

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 *Icela Sousa*
Signature, typed or printed name of registered agent and title if applicable.

Icela Sousa
(NOTE: Registered Agent signature required when reinstating)

01-12-03
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BRAVO, JORGE**
STREET ADDRESS **3655 WEST 16TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RIVERA, REYNALDO**
STREET ADDRESS **3655 WEST 16TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Icela Sousa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03
Date

Daytime Phone #

CR2E034 (10/02)