


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90977 017 ***150.00

DOCUMENT # P93000079514

1. Entity Name
North American Insular Enterprises



DO NOT WRITE IN THIS SPACE

55028958

2. Principal Place of Business
10520 SW 74 Lane

3. Mailing Address
10520 SW 74 Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

Zip
33173

Country
USA

4. FEI Number
65-0554968

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHRISTIANNE B. de MARIN

Street Address (P.O. Box Number is Not Acceptable)
10520 SW 74 LANE

City
MIAMI

FL Zip Code
33173

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 *C. Marin* (NOTE: Registered Agent signature required when reinstating) DATE *April 4, 2003*

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP DE MARIN, CHRISTIANNE B. 10520 S.W. 74 LANE MIAMI, FLA. 33173</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP/T LUIS H. PALLAIS DEBAYLE 14201 S.W. 55 ST. MIAMI, FLA. 33175</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D/S NADIA PALLAIS REBOSO BRICKELL BAY DR. MIAMI, FLA. 33131</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Marin* *CHRISTIANNE MARIN* *April 4, 2003 (305) 595-072*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)