

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90229 043 ***150.00

DOCUMENT # P94000018287

1. Entity Name
NELANA CORPORATION

Principal Place of Business

Mailing Address

~~8936 NW 112TH ST~~
~~HIALEAH GARDENS FL 33018~~
~~US~~

~~8936 NW 112TH ST~~
~~HIALEAH GARDENS FL 33018~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2390 W 76 ST
 Suite, Apt. #, etc.

2390 W 76 ST
 Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

HIALEAH FL

4. FEI Number **65-0473091**

Applied For
 Not Applicable

Zip **33016**

Country **MIAMI-DADE**

Zip **33016**

Country **MIAMI-DADE**

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

HERNANDEZ, NELSON

~~8936 NW 112 ST~~
~~HIALEAH GARDENS FL 33018~~

Name **NELSON HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)

2390 W 76 ST

City **HIALEAH** **FL** **Zip Code** **33016**

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

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

(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, 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 **PD** ☐ Delete
NAME **HERNANDEZ, NELSON**
STREET ADDRESS **8936 NW 112 ST**
CITY-ST-ZIP **HIALEAH FL 33018**

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

TITLE **VPD** ☐ Delete
NAME **HERNANDEZ, ANA**
STREET ADDRESS **8936 NW 112 ST**
CITY-ST-ZIP **HIALEAH FL 33018**

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

TITLE **TD** ☐ Delete
NAME **HERNAN NARANJO**
STREET ADDRESS **78PIN W 169 TERR**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☒ Addition
NAME **HERNAN NARANJO**
STREET ADDRESS **78PIN W 169 TERR**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/02

Date

(305) 572631

Daytime Phone #

CR2E034 (9/01)