## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am<sup>3</sup>/<sub>2</sub> Secretary of State P94000031449 DOCUMENT # 1. Entity Name 05-27-2002 90362 014 \*\*\*150.00 NANATON, INC. Principal Place of Business Mailing Address 86690SW 137 AVE 8669 SW 137 AVE MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0484998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA OSSA, LUCELLY Street Address (P.O. Box Number is Not Acceptable) 8669 SW 137 AVE **MIAMI FL 33183** Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition HERRERA, EDUARDO A NAME NAME 8669 SW 137 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition HERRERA, EDUARDO A. NAME NAME 8669 SW 137 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED-NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**