

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90114 014 \*\*\*150.00

DOCUMENT # P94000078482

1. Entity Name

N.P.A. ENTERPRISES, INC.

Principal Place of Business

5656 FLAMINGO ROAD  
COOPER CITY FL 33330

Mailing Address

5656 FLAMINGO ROAD  
COOPER CITY FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0535626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~ROJAS, JESUS M  
115 WOODCREST LANE  
KEY BISCAYNE FL 33143~~

7. Name and Address of New Registered Agent

Name **MAGDA MONTIEL DAVIS**  
Street Address (P.O. Box Number is Not Acceptable) **2650 SW 27 AVE**  
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.

SIGNATURE **MAGDA MONTIEL DAVIS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-31-01**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROJAS, MIRTA H</b> <b>5656 FLAMINGO RD.</b> <b>COOPER CITY FL 33330</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>PRESIDENT</b> <b>DIFALCO, MATILDE</b> <b>5656 FLAMINGO RD.</b> <b>COOPER CITY FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JOSEPH DIFALCO JR</del> <b>VICE PRES</b> <b>5656 FLAMINGO RD</b> <b>COOPER CITY FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PRESIDENT</b> <b>MATILDE DIFALCO</b> <b>5656 FLAMINGO ROAD</b> <b>COOPER CITY FL 33330</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VICE PRES</b> <b>JOSEPH DIFALCO JR</b> <b>5656 FLAMINGO RD</b> <b>COOPER CITY FL 33330</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/01 954-680-4888**

CR2E034 (10/00)