FOR PROFIT CORPORATION

FILED May 02, 2002 8:00 am

UNIFORM BUSINESS REPORT	Secretary of State	
DOCUMENT # P94 0000 78482 NPA ENTER PRISES, INC	05-02-2002 90113 033 ***150.00	
1. Entity Name		
NITH ENTERPHISES, INC	•	
DO NOT WRITE IN THIS SI	PACE	
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2. Principal Place of Business A Mailing Address	200	
5656 Haminan Ka 50		
Suite, Apt. #, etc. Suite, Apt. #, etc.	/ . •	DO NOT WRITE IN THIS SPACE
Gity & State City & State		4. FEI Number > -2 [] 3 Applied For
cooperaty te		4. FEI Number 0535626 Applied For Not Applicable
Zip Zip Country Zip	- Country	5. Certificate of Status Desired \$8.75 Additional
99/1/10		Fee Required Name and Address of Current Registered Agent
	Name L: 1	A C CUITERI REGISTERED AGENT
DO NOT WRITE	Street Address (6	Box Number is Not Acceptable
IN THIS SPACE	5656 F	lamin an Kou d
IN THIS SPACE	Canno	(CL, 1/5 22221)
	City	FI Zip Code
8. The above named entity submits this statement for the purpose of changing its	registered office or registere	d agent or both in the State of Florida
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SIGNATURE / SIGNATURE	Mariedo	M & the Miller
Signature, typed or printed name of registered agent and the if applicable (NOTE:	: Flegistered step signatur februrea w	Med reinstating) DATE
This corporation is eligible to satisfy its Intangible January 1 - Ma	ay 1 Fee is \$150.00 1. Fee is \$550.00	10. Election Campaign Financing
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended	1, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended	1, Fee is \$550.00	Trust Fund Contribution
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE PRESIDENT	1, Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE PRESIDENT January 1 - March 4 After May 1 Amended Make Check Payable TITLE PRESIDENT	1, Fee is \$550.00 UBR is \$61.25 e to Department of State Title NAME	Trust Fund Contribution
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 9. This corporation is eligible to satisfy its Intangible After May 1 Amended Make Check Payable OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP 9. This corporation is eligible to satisfy its Intangible After May 1 Amended Make Check Payable OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP 9. This corporation is eligible to satisfy its Intangible After May 1 Amended Make Check Payable OFFICERS AND DIRECTORS	1, Fee is \$550.00 UBR is \$61.25 e to Department of State Title NAME STREET ADDRESS	Trust Fund Contribution
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			INESS REPO	RT (UBR)	- FILEN	0-00000		
DOCUMENT # P94000078482			078482		Mar 21, 2000 8:00 am	ATTACHMENT		
N.P.A. ENTERPRISES, INC.					Secretary of State	11111 - 11101-1		
Principal Pla	ce of Busines	<u> </u>	Malling Address	·	03-21-2000 90046 037 ***1 50,00			
5656 FLAMINGO ROAD S656 FLAMINGO ROAD			*	•				
}			COOPER OFF PE SAMESE	~		1 12-11		
2. Principal	Place of Busi	ness	3. Mailing Address			645768		
Suite, Apr	t. #, etc.		Suits, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE	W 1 - 1 - 1		
City & Sta	Chy & State Chy & State		4. FD Number 65-0535626 Applied For Not Applied able	•				
Zip		Country	Zip	Country	Certificate of Status Desired Secretificate of Status Desired Fee Required Fee Required			
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent			
	IAS, JESUS WOODCRE			Street Address	(P.O. Box Number is Not Acceptable)			
	BISCAYNE							
2 The above				City	FL Zip Code			
	· mind entity	y automis (his statement foi	use purpose of changing its	egistered office or registe	red agent, or both, in the State of Florida.			
SIGNATURE		or present regine of registered agent a		Regulared Agent agreeurs require	swhere nemetatings			
Tax filling i	oration is eligi requirement s ris on back)	Ible to satisfy its intengible and elects to do so.	After MAY 1, 200	FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5,00 May 8e Trust Fund Contribution.			
11.		OFFICERS AND I	DIRECTORS	to Department of Sta 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
MANE	P Rojas, M		☐ Delete	TITLE NAME	☐ Change ☐ Addition ②			
STREET ADDRESS CITY-ST-ZIF	COOPER	MENGO RD. City Fl. 33330		STREET ADDRESS City-St-Zep	Change Fl Addition			
TITLE	VP DIFALCO	MATILDE	Collector	TITLE MARE	☐ Change ☐ Addition 5			
CITY-ST-ZIP		MINGO RD. City Fl. 33330		STREET ADDRESS City-St-28P	7.	•		
TITLE			□ Cedeta	TIRE HALE	Change Addition			
STREET ADDRESS CITY-ST-ZIP	 			STATE OF ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			C) Deiete	TITLE KAME	Change Addition			
CITY-ST-ZIP				STREET ADDRESS CRY-S1-ZIP				
TITLE NAME STREET ADDRESS		•	☐ Delete	TITLE	. Change Addition			
CITY-ST-ZIP				STREET ACCINESS CITY-ST-ZIP				
HAME STREET ADDRESS			Celece .	TITLE 1004E STREET ADDRESS	Change Addition			
13. I hereby c	artity that the	information supplied with the	hit filing since not swellly for t	CITY-ST-ZIP	Non-110 A779VII Findels Pass day 14 this seal ()			
13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fortide Statutes, I further certify that the information indicated on this report or supplemental report is true and securate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or invetee empowered to execute this report as required by Chapter 607, Floride Statutes; and that my name appears in Block 11 or Block 12 if that my name appears in Block 11 or Block 12 if								
SIGNATURE: ALMAN DIA SIMATILA DA 11/19 - 3/10 M 684598								
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