2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000027265

DOCUMENT #



FILED Jan 21, 2003 8:00 am Secretary of State

| NADAL & ASSOCIATES, INC. | | | | 01-21-2003 90109 0 | 40 1130.00 | |
|--|--|--|---|--|--|--|
| Principal Place of Business 9616 SW 118 PL MIAMI FL 33186 US | | Mailing Address 9616 SW 118 PL MIAMI FL 33186 US | | | A 11811 1818 1818 2018 801 801 181 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number 59-3305925 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of C | urrent Registered Agent | 2.7 | 7. Name and Address of New Registered | | |
| | | The second secon | Name | | | |
| NADAL, ALFRED G 9616 SW 118 PL | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33186 | | | , | | | |
| | | | City | F | Zip Code | |
| 8. The above the obliga | e named entity submits this stater tions of registered agent. | ment for the purpose of changing its | s registered office or registe | ered agent, or both, in the State of Florida. I am | n familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of register | ed agent and title if applicable (NO) | TE: Registered Agent signature require | , and whose rejectation) | | |
| ` <u>`</u> | | | | d when reinstating) . DATE | | |
| 💮 🚰 Afte | FILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 k Payable to Florida Departm | 50.00 | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS | S AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NADAL, ALFRED G 9616 SW 118 PL MIAMI FL 33186 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-2IP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| 12. I hereby of indicated of the corp changed, | or on an attachment with any and | d with this filing does not qualify for port is true and accurate and that no empowered to execute this report pass, with a other like empowers. | ny signature snail have the sas required by Chapter 607 | sction 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath, that I r, Florida Statutes; and that ply name appears i | rtify that the information am an officer or director n Block 10 or Block 11 if | |