

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000060964**

1. Entity Name
NEMAYCA CORPORATION



Principal Place of Business
**3619 S.W. 147 CT.
MIAMI FL 33185**

Mailing Address
**3619 S.W. 147 CT.
MIAMI FL 33185**

2. Principal Place of Business
2395 W 9CT

Suite, Apt. #, etc.

3. Mailing Address
2395 W 9CT

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33010

Country

Zip
33010

Country

4. FEI Number

65-0602728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, NELSON
3619 S.W. 147 CT.
MIAMI FL 33185**

Name

HERNANDEZ, NELSON

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

2395 W 9CT

City

Hialeah

FL

Zip Code
33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$50.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PD
HERNANDEZ, NELSON
3619 SW 147 COURT
MIAMI FL 33185**

Delete

**PD
HERNANDEZ, NELSON
2395 W 9CT
Hialeah, FL, 33010**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

Change

Addition

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Delete

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CITY-ST-ZIP**

Change

Addition

12. 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 10 or Block 11 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

4/16/03

Date Daytime Phone #