2001	UNIFORM BUSI	NESS REPO	RT	(UBR)	)							
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NEL Consultins. Inc.						01 MAY -1 PM 4: 57						
rincipal Place of Business 145 E. flaster ST. #A4					Ť	SEGNETAKYAOF STATE TABUAHASSEE, IFEORIDA						
Miami, FL. 33131												
. Principal Pla	ace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State		4.	FEI Numt	ger 95-0		759	3 A	pplied For ot Applicable		
Zip Country		Zip Cou		try	5. Certificate of Status Desired					\$8.75 Additional Fee Required		
6. Name and Address of Current R		egistered Agent			7.	7. Name and Address of New Registered Agent						
Ramiro Perez				Name	lico	) (a	0	(ev	1em	Te		1
				Street Addre								7
145 Maderra Av. # 315				196 Wimbledon Cake						Dr.		1
Coral sables . FL. 33134				city P	Tno	alic	<u> 2Υ</u>		F	L Zip Cgo	१८६६	]
. The above n	amed entity submits this statement for t	he purpose of changing its r	egistere	ed office or reg	gistered a	gent, or bo	th, in the S	tate of Fl	orida.			
IGNATURE _	ignature, typed or printed name of registered agent and	Control of the contro	D						DATE		,	
	<del></del>	ATTENDED TO THE PROPERTY OF THE PERSON OF TH	e le company	Agent signature re	dulled when	reinstating)			DAIŁ			-
	ation is eligible to satisfy its Intangible quirement and elects to do so. I on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	1 Fee	will be \$550.	00 State	5361	ection Cam ust Fund C		_		<b>0</b> May Be	
1.	OFFICERS AND DIRECTORS				Α	DDITIONS				ID DIRECTOR		֝֟֝ <u>֚</u>
TLE SME	President Nicola Clemente	☐ Delete	TITLE	j			400	OÖD	416	5 <b>P.B.B</b>		٤
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IY-SI-ZIP				ST-ZIP								
<ol><li>I hereby cer</li></ol>	tify that the information supplied with th	is filing does not qualify for t	he exer	notion stated in	n Section	119.07(3)	i), Florida S	Statutes	further or	ertify that the in	formation	

I nereby certify that the information supplied with this filling 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.

GNATURE:

429.01

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