

2001 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-23-2001 90199 015 ***150.00

DOCUMENT #

P96000001869

1. Entity Name

N. & T. SERVICES, INC.

Principal Place of Business

Mailing Address

12834 NW 9th. TERRACE
 MIAMI, FL. 33182

2. Principal Place of Business

MIAMI, FL. - USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33182

Country

USA

Zip

Country

DOE

4. FEI Number

65-0630548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

- 75364

6. Name and Address of Current Registered Agent

Gilberto E. Lopez
 12834 NW 9th. TERRACE
 MIAMI, FL. 33182

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7.30.01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	GILBERTO E. LOPEZ	
STREET ADDRESS	12834 NW 9th TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE	VICE-PRES.	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

6/13/01 (305) 559-0109

CR2E034 (11/00)