FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91882 041 ***150.00

DOCUMENT # P96000048417

1. Entity Name
NACOIA OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9551 FONTAINEBLEAU BLVD	9551 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.: SUITE 517	Suite, Apt. #, etc.: SUITE 517
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bell William

Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Drive Ste 430

City: Miami FL Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME Bell William STREET ADDRESS 5200 Blue Lagoon Drive CITY-ST-ZIP Miami Fl 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE P NAME Da Silva Salvador STREET ADDRESS 9551 Fontainebleau Blvd # 517 CITY-ST-ZIP Miami Fl 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME Patricio Puente STREET ADDRESS 9551 Fontainebleau Blvd # 517 CITY-ST-ZIP Miami Fl 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIO PUENTE 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #