## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P96000056528** May 17, 2000 8:00 am 1. Entity Name Secretary of State NASEC, INC. 05-17-2000 90922 033 \*\*\*150.00 Principal Place of Business Mailing Address 5603 NW 159TH ST PO BOX 3361 HIALEAH FL 33013-0361 MIAMI FL 33014 3. Mailing Address 2. Principal Place of Business 14<u>75 N.</u>睡. 125 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ¥407 City & State 4. FEI Number Applied For City & State 65-0753519 Not Applicable U. MIAMI Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33161 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 12 TRAN JORDAN LE TRAN, JORDAN Street Address (P.O. Box Number is Not Acceptable) 5603 NW 159TH ST $N \cdot W$ . MIAMI FL 33014 Cit MIAMI 3014 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT ☐ Addition TITLE Delete NARVAEZ, ROSA A 5603 N.W. 159 th ST NARVAEZ, ROSA A NAME STREET ADDRESS STREET ADDRESS PO BOX 3361 CITY-ST-ZIP CITY-ST-ZIP MIAMI HIALEAH FL 33013 SECRETARY TITLE Change ☐ Delete TITLE LE TRAN, JORDAN JORDAN, LE TRAN NAME NAME 5603 N.W. 159th ST STREET ADDRESS STREET ADDRESS PO BOX 3361 33014 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP HIALEAH FL 33013 SECRETARY .... Change Addition TITLE ☐ Delete TITLE MENDOZA AXEL 5603 N.W. 159th ST NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33014 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS 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 seport 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.