

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90196 016 \*\*\*150.00

**DOCUMENT # P96000056528**

1. Entity Name  
**NASEC, INC.**

Principal Place of Business

**5603 NW 159TH ST  
 MIAMI FL 33014  
 US**

Mailing Address

**1475 NE 125TH TERRACE  
 # 407  
 MIAMI FL 33161  
 US**

2. Principal Place of Business

**5603 NW 159TH ST  
 MIAMI FL 33014**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33014**

Country

**USA**

Zip

**33161**

Country

**USA**

4. FEI Number

**65-0753519**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LE TRAN, JORDAN  
 5603 NW 159TH ST  
 MIAMI FL 33014**

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

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, 2002 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: **P** ☐ Delete  
 NAME: **LE TRAN, JORDAN**  
 STREET ADDRESS: **1475 NE 125TH TER, STE 407**  
 CITY-ST-ZIP: **N MIAMI FL 33161**

TITLE: **S** ☐ Delete  
 NAME: **JORDAN, LE TRAN**  
 STREET ADDRESS: **PO BOX 3361**  
 CITY-ST-ZIP: **HIALEAH FL 33013**

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 information.

SIGNATURE:

**SIGNATURE REQUIRED President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**  
 Date

**(205) 710-6682**  
 Daytime Phone #

CR2E034 (9/01)