

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90233 033 ***150.00

DOCUMENT # P97000030758

1. Entity Name
NAFTAGROUP INT'L, INC.



Principal Place of Business
**1222 NE 4TH AVENUE
FORT LAUDERDALE FL 33304**

Mailing Address
**1222 NE 4TH AVENUE
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0745889**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LABOSSIERE, MARC
1222 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33304-1925**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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** ☐ Delete
NAME **PIUZE, BERNARD**
STREET ADDRESS **2215 CYPRESS ISLAND DR, SUITE 907**
CITY-ST-ZIP **POMPAHO BEACH FL 33069**

TITLE **D** ☐ Delete
NAME **CYR, HENRIETTE**
STREET ADDRESS **2215 CYPRESS ISLAND DR, SUITE 907**
CITY-ST-ZIP **POMPAHO BEACH FL 33069**

TITLE **D** ☐ Delete
NAME **REGAMEY, CLAUDE**
STREET ADDRESS **14502 ROSEWOOD RD**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☒ Delete
NAME **BSSIT, DRISS**
STREET ADDRESS **VILLA KARIM, SUE SETE ANFA**
CITY-ST-ZIP **CASABLANCA MA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

04/18/03 954-609-4909
Date Daytime Phone #

CR2E034 (10/02)