## 2002 UNIFORM BUSINESS REPORT (UBR) P97000044600 **DOCUMENT #** 1. Entity Name **NIVE CORP**

## FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90177 040 \*\*\*150.00

		<u> </u>								
Principal Place	e of Business	Mailing Address	Mailing Address							
4268 SW 152 A	NVE	4268 SW 152 AVE	4268 SW 152 AVE							
MIAMI FL 3318	5	MIAMI FL 33185								
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		<u></u>								
2. Principal Pl				(\$611891 (18 1611) 16611 #0111 AC		FIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
General	Nutritiva Center	5 4268 SW 1	4268 SW 152 AVE				TE 11. TI 110.0	51.05		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		City & State			· · · · · · · · · · · · · · · · · · ·	FEI Number of 0704070		IAo	plied For	
City & State		·	My Am / R						t Applicable	
Zip	Country	Zip	Coun	ntry		O. Vice and of Charles Decired		\$8.75 Add	litional	
3318		33185		•	5.	Certificate of Status Desired		Fee Require	ď	
	6. Name and Address of Curre	ent Registered Agent	ered Agent			7. Name and Address of New Registered Agent				
				Name	1200	o Espinos				
ESPINOSA	, mario h		Street Address (P.O. Box Number is Not Acceptable)							
4268 SW 152 AVE					Street Address (P.O. Box Number is Not Acceptable)  4268 SW 152 XVE					
MIAMI FL 3										
MINIMITE	20100			O't-				Zin Cod		
	•			City M	1am	/	FL	Zip Cod <b>33</b>	185	
9 The above	named entity submits this statemen	at for the purpose of changing its	register	ed office or	registered ac	gent, or both, in the State of F	lorida.		-	
6. The above	A CAA	it for the purpose of oneinging the			3	•				
	M ort									
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registere	d Agent signatur	re required when i	reinstating)	DATE			
<u> </u>		ible FILE NOW	u ccc	10 0150 0	·^ ·			~~ . <del>_</del> ,~ : ?~		
	pration is eligible to satisfy its Intangrequirement and elects to do so.	After May 1, 20				10. Election Campaign F			May Be	
(See criter	ria on back)	☐ Make Check Payal	ble to D	epartment	of State	Trust Fund Contributi	on. L	J Addet	d to Fees	
		ND DIRECTORS	12.				FICERS AND	DIRECTOR	S IN 11	
11.	Ip	□ Delete	TITL	- 1	1/		_	Change	Addition	
TITLE NAME	ESPINOSA, ENRIQUE	□ Delete	NAM	· I	MARC	O Espinosa	۔ ع			
STREET ADDRESS	4268 SW 152 AVE		STRE	ET ADDRESS	MARCO ESPINOS 4268 SW 152 AVE		ä. <sup>7</sup>			
CITY-ST-ZIP	MIAMI FL 33185			-ST-ZIP	Mian	11 PC 33185				
TITLE	V	Delete	TITL					☐ Change	☐ Addition	
	ESPINOSA, EDGAR	Delete_	NAM	I					}	
STREET ADDRESS	4268 SW 152 AVE	Numper	STRI	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33185	هم ارغو پا <del>ختیادیدانشنیدیدیداد دید ام</del> ت	CITY	-ST-ZIP		introduced and commence of the	2.4			
TITLE	D	Delete	TITL		,			☐ Change	☐ Addition	
NAME	ESPINOSA, MARIO H	Doloto	NAM							
STREET ADDRESS	4268 SW 152 AVE		STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33185		CITY	-ST-ZIP						
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NAME			NAM							
STREET ADDRESS			STR	EET ADDRESS					j	
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TITLE , NAME		T) Délete	NAN					_		
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
	certify that the information supplied	with this filing does not qualify for	or the eve	emotion stat	ed in Section	n 119.07(3)(i), Florida Statutes	s. I further ce	rtify that the i	information	
is. i nereby	dentity triat the information supplied	ort is true and accurate and that	my signa	ture shall h	ave the same	e legal effect as if made unde	r oath; that I	am an office	r or director	

indicated on this report or supplemental report is tipe and accurate and that my signature shall have the same legal effect as it made under oath; that it 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, shitty all other like empowered.

SIGNATURE: