

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90354 049 ***150.00

DOCUMENT # P97000067296

1. Entity Name

N&S INTERNATIONAL DEVELOPMENT, CORP

Principal Place of Business

169 E. FLAGLER ST.
 #1527
 MIAMI, FL. 33131

Mailing Address

169 E. FLAGLER ST.
 #1527
 MIAMI, FL. 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650772690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0070702

6. Name and Address of Current Registered Agent

ACELO I. PEDROSO
 SUITE 1527
 169 E. FLAGLER ST
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

ACELO I. PEDROSO

Street Address (P.O. Box Number is Not Acceptable)

169 E. FLAGLER ST, SUITE 1433

City

MIAMI

FL

Zip Code

33131

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.

ACELO PEDROSO

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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 NAME	JUNICHI HAYASHI RD <input type="checkbox"/> Delete
STREET ADDRESS	169 E. FLAGLER ST. #1527
CITY-STATE-ZIP	MIAMI FL. 33131
TITLE NAME	FRANZISKA GUNTER ^{VD} <input type="checkbox"/> Delete
STREET ADDRESS	169 E. FLAGLER ST. #1527
CITY-STATE-ZIP	MIAMI, FL. 33131
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-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 like empowered.

SIGNATURE:

JUNICHI HAYASHI RD

4/30/01

(301) 430-0435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)