

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90123 044 ***750.00

DOCUMENT # P97000089221

1. Entity Name
EDUARDO NUNEZ, INC.

Principal Place of Business

**7200 TROPICANA STREET
 MIRAMAR FL 33023**

Mailing Address

**7200 TROPICANA STREET
 MIRAMAR FL 33023**

2. Principal Place of Business

2300 Fillmore st

Suite, Apt. #, etc.

Hollywood FL

City & State

3. Mailing Address

2300 Fillmore st

Suite, Apt. #, etc.

Hollywood FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0958257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip **33020**

Country **FL**

Zip **33020**

Country **FL**

6. Name and Address of Current Registered Agent

**NUNEZ, EDUARDO
 7200 TROPICANA STREET
 MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name **EDUARDO O. NUNEZ**

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

2300 Fillmore st

City **Hollywood**

FL

Zip Code **33020**

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 **Eduardo O. Nunez**

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

(NOTE: Registered Agent signature required when reinstating)

09/23/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PSTD** ☒ Delete
 NAME **NUNEZ, EDUARDO**
 STREET ADDRESS **7200 TROPICANA STREET**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **PSTD** ☐ Delete
 NAME **Eduardo, O. Nunez**
 STREET ADDRESS **2300 Fillmore st**
 CITY-ST-ZIP **Hollywood FL 33020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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CR2E034 (4/02)

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: **Eduardo O. Nunez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/02

Date

Daytime Phone #