

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

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90059 004 ***150.00

0021639 AV

DOCUMENT # P98000044379

1. Entity Name
NEPHITE ENTERPRISES, INC.



Principal Place of Business
**6270 N.W. 114TH STREET
HIALEAH FL 33012**

Mailing Address
**6270 N.W. 114TH STREET
HIALEAH FL 33012**

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 **65-0838412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEREBAY, LAYNE
190 N.E. 199TH STREET
SUITE 204
NORTH MIAMI FL 33179**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARKER, JOHN
6270 N.W. 114TH STREET
HIALEAH FL 33012** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
PARKER, JOHN
6270 N.W. 114TH STREET
HIALEAH FL 33012** ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

7/25/03
Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80135297
P98000044379

JULY 29, 2003

JOHN PARKER
6270 NW 114 STREET
HIALEAH, FL 33012

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

I AM NOT SURE WHY I DID NOT RECEIVE MY FIRST MAILING OF THIS REPORT. I JUST RECEIVED MY SECOND MAILING. I HAVE BEEN WAITING FOR IT TO ARRIVE, NOT KNOWING WHEN TO EXPECT IT. LAST YEAR I DIDNOT GET MY FIRST MAILING EITHER., THINKING MAYBE IT WAS LOST WHEN I MOVED, BUT MAYBE NOW LOOKING AT IT, I MAY HAVE NOT RECEIVED THE FIRST ONE AS THIS YEAR. PLEASE LET ME KNOW WHEN I CAN EXPECT THE FIRST MAILING SO I CAN LOOK OUT FOR IT AND CALL IF I DO NOT RECEIVE IT AT THAT TIME.

ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF \$150.00. I HOPE YOU WILL FORGIVE MY IGNORANCE IN THIS MATTER, AND I HOPE THAT YOU WILL FORGIVE ME THE LATE FEE.

SINCERELY,

JOHN PARKER