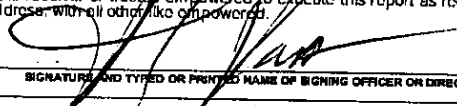


FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90083 023 ***150.00

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

DOCUMENT # P98000047900			
1. Entity Name N. L. INVESTMENT GROUP, INC.			
2. Principal Place of Business 8136 SW 83 ST MIAMI, FL 33143		3. Mailing Address P.O. BOX 32137 MIAMI, FL 33283-2137	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. F.L. Number 65-0848257	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. 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 of person or principal name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 STREET ADDRESS CITY STATE ZIP		TITLE NAME STREET ADDRESS CITY STATE ZIP	
P/S/O PEREZ, RUBEN 8136 SW 83 ST MIAMI FL 33143			
V/O DELGAO, MARY 8136 SW 83 ST MIAMI, FL 33143			
D REYNA, FRANCISCO 8106 SW 81 TR MIAMI, FL 33143			
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 on an attachment with an address with all other like empowered.			
SIGNATURE: 		5/1/2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034B (12/01)