

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90096 008 ***150.00

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DOCUMENT # P98000092589

1. Entity Name
NIPPAS, INC.



Principal Place of Business
**501 BRICKELL KEY DRIVE STE 400
MIAMI FL 33131**

Mailing Address
**13345 NW 13 STREET
PEMBROKE PINES FL 33028
US**

2. Principal Place of Business

3. Mailing Address

13755 NW 18th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines, FL

City & State

City & State

4. FEI Number **65-0872773**

Applied For

Not Applicable

Zip

Country

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, EDUARDO
501 BRICKELL KEY DRIVE STE 400
MIAMI FL 33131**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **PLATA, NESTOR**
STREET ADDRESS **13345 NW 13 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **P.D** ☒ Change ☐ Addition
NAME **Plata, Nestor**
STREET ADDRESS **13755 NW 18th Court**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE **V** ☐ Delete
NAME **ELSA, REY**
STREET ADDRESS **13345 NW 13 ST**
CITY-ST-ZIP **PEMBROKE FL 33028**

TITLE **V** ☒ Change ☐ Addition
NAME **Elsa Rey**
STREET ADDRESS **13755 NW 18th Court**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03 (954) 275-7125

CR2E034 (10/02)