

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90189 001 \*\*\*150.00

**DOCUMENT # P98000101642**

1. Entity Name

**NURSESTOP INC.**

Principal Place of Business

8657 ROSALIE CT.  
 BOYNTON BCH FL 33437

Mailing Address

8657 ROSALIE CT.  
 BOYNTON BCH FL 33437

2. Principal Place of Business

6130 W. 19 Ave

3. Mailing Address

6130 W. 19 Ave

Suite, Apt. #, etc.

APT 211

Suite, Apt. #, etc.

APT 211

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0882559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NAPOLIS, MERCEDES C**  
 8657 ROSALIE CT.  
 BOYNTON BCH FL 33437

7. Name and Address of New Registered Agent

Name **Napoles, Mercedes C**

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

**6130 W. 19 Ave Apt 211**

City

**Hialeah**

FL

Zip Code

**33012**

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.

(NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PD NAPOLIS, MERCEDES C 8657 ROSALIE CT. BOYNTON BCH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NAPOLIS, ADRIAN 8657 ROSALIE CT. BOYNTON BCH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Napoles, Mercedes C 6130 W. 19 Ave Apt 211 Hialeah FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Napoles, Adrian 6130 W. 19 Ave Apt 211 Hialeah FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Adrian Napoles** **Adrian Napoles** **1/21/2001** **698-1098**

CR2E034 (10/00)