

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000101642

FILED
Apr 21, 2002 8:00 AM
Secretary of State

Entity Name: NURSESTOP INC.

Current Principal Place of Business:

6130 W 19 AVE
211
HIALEAH, FL 33012

New Principal Place of Business:

6090 W 18 AVE
334
HIALEAH, FL 33012

Current Mailing Address:

6130 W 19 AVE
211
HIALEAH, FL 33012

New Mailing Address:

6090 W 18 AVE
334
HIALEAH, FL 33012

FEI Number: 65-0882559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLIS, MERCEDES C
6130 W 19 AVE
#211
HIALEAH, FL 33012

Name and Address of New Registered Agent:

NAPOLIS, MERCEDES C
6090 W 18 AVE
334
HIALEAH, FL 33012

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:

04/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAPOLIS, MERCEDES C
Address: 6130 W 19 AVE # 211
City-St-Zip: HIALEAH, FL 33012

Title: VSTD () Delete
Name: NAPOLIS, ADRIAN
Address: 630 W 19 AVE #211
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAPOLIS, MERCEDES C
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

Title: VSTD (X) Change () Addition
Name: NAPOLIS, ADRIAN
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN NAPOLIS

VP

04/21/2002

Electronic Signature of Signing Officer or Director

Date