

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006955

1. Entity Name

NEGEMSA SERVICES CORPORATION

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90080 040 ***150.00

Principal Place of Business

1191 NORTH WEST 8TH ST.
SUITE 3
MIAMI FL 33136

Mailing Address

4691 NW 9TH
A 105
MIAMI FL 33129
US

2. Principal Place of Business

1784 WEST FLAGLER ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE #11 MIAMI-FL 33136

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLA, PORFIRIO

1191 NORTH WEST 8TH ST.

SUITE 3

MIAMI FL 33136

4691 N. W 9TH
A-105
MIAMI-FL 33129

7. Name and Address of New Registered Agent

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.

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 ☐ Delete
NAME DP
STREET ADDRESS ~~DORFIRIO, MILLA~~ **DORFIRIO MILLA**
CITY-ST-ZIP ~~1191 N.W. 8TH ST SUITE #3 MIAMI FL 33136~~ **4691 N. W 9TH STREET MIAMI-FL 33129**

TITLE ☐ Delete
NAME **D. P.**
STREET ADDRESS **DORFIRIO-MILLA**
CITY-ST-ZIP **4691 N. W. 9TH STREET APT. A-105 MIAMI-FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

DORFIRIO MILLA 4-20-01 305-710-7185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

014662

CR2E034 (10/00)