2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 21, 2002 8:00 am Secretary of State P99000006955 DOCUMENT # 1. Entity Name 05-21-2002 91128 013 ***150.00 **NEGEMSA SERVICES CORPORATION** Principal Place of Business. Mailing Address 1784 WEST FLAGLER ST 4691 NW 9TH # A 105 SUITE 11 MIAMI FL 33129 MIAMI FL 33135 ŲS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City:& State City & State 4. FEI Number Applied For 65-1085600 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLA, PORFIRIO -Street Address (P.O. Box Number is Not Acceptable) 4691 NW 9TH SUITE A-105 **MIAMI FL 33129** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00, May Be \$5.00 ML, Added to Fees After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. The property CR2E034 (9/01) Delete Change ☐ Addition $\mathsf{III}_{\mathsf{LE}_{\mathsf{L}}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{L}}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{L}}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}_{\mathsf{LE}^{\mathsf{LE}^{\mathsf{LE}_{\mathsf{LE}^$ TITLE MILLA, PORFIRIO s 😅 👉 551 NAME NAME: 4691 NW 9TH STREET, APT A-105 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 truetee 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 an other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED