

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000015015

1. Entity Name:

NAT NIE CORP.

02 JUN 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 N.E. 1 STREET

Suite, Apt. #, etc.

204

City & State

MIAMI - FL

Zip

33132

Country

U.S.A.

3. Mailing Address

36 N.E. 1 STREET

Suite, Apt. #, etc.

204

City & State

MIAMI - FL

Zip

33132

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0898040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDUARDO PRUNA

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

36 N.E. 1 STREET STE. 204

City

MIAMI

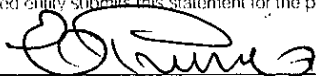
FL

Zip Code

33132

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



EDUARDO PRUNA

6-9-02

Signature typed or printed name of registered agent and title if applicable.

(NOT IF 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D/P
IRAIKA MALEN
36 N.E. 1 STREET #204
MIAMI - FL 33132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
EDUARDO PRUNA
36 N.E. 1 STREET #204
MIAMI - FL 33132

TITLE
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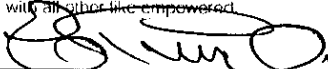
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



EDUARDO PRUNA 4-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 034B (12/01)