FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015015

1. Entity Name

NAT NIC CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
36 N.E. 1 STREET	36 N.E. 1 STREET
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: MIAMI - FL	City & State: MIAMI-FL
Zip: 33132 Country: U.S.A.	Zip: 33132 Country: U.S.A

4. FEI Number: 65-0898040 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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. (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) ☐

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	D/P	TITLE	
NAME	IRAIDA MALIN	NAME	
STREET ADDRESS	36 N.E. 1 STREET #204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FL 33132	CITY-ST-ZIP	
TITLE	D/V/P	TITLE	
NAME	EDUARDO PRUNA	NAME	
STREET ADDRESS	36 N.E. 1 STREET #204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FL 33132	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	01-02	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

200006117622--
-07/01/02--01031--015
****300.00 ****300.00

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

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 #