

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000026990**

1. Entity Name

NEON UNLIMITED MANUFACTURER CORP.**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90299 029 ***150.00

Principal Place of Business

Mailing Address

3750 N.W. 28TH ST.
#416
MIAMI FL 331423750 N.W. 28TH ST.
#416
MIAMI FL 33016-2751

2. Principal Place of Business

2666 W 79 STREET

Suite, Apt. #, etc.

3. Mailing Address

2666 WEST 79 STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FLZip
33016Country
DADECity & State
HIALEAH, FLZip
33016Country
DADE

4. FEI Number

65-0936123

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAUDALES, NICOLAS
3750 N.W. 28TH ST.
#416
MIAMI FL 33142

Name

NICOLAS RAUDALES

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

2666 WEST 79 STREETCity **HIALEAH****FL**Zip Code
33016

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

APRIL 27, 20009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PRESIDENT	NICOLAS RAUDALES	2666 WEST 79 STREET	HIALEAH, FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

305-823-4640

Date

Daytime Phone #