

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90139 049 ***150.00

DOCUMENT # P99000065460

1. Entity Name
NEXUS TECHNOLOGY GROUP, INC.



Principal Place of Business
**210 174TH STREET
APARTMENT #1804
SUNNY ISLES BEACH FL 33160**

Mailing Address
**210 174TH STREET
APARTMENT #1804
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business
10280 NW 46TH Street

3. Mailing Address
10280 NW 4TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip **33178**

Country **USA**

Zip **33178**

Country **USA**

4. FEI Number **65-0933080**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, MARIO I
210 174TH STREET
APARTMENT #1804
SUNNY ISLES BEACH FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Mario I. Alvarez

03/18/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **ALVAREZ, MARIO I**
STREET ADDRESS **210 174TH STREET, APT. #1804**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **D**
NAME **ALVAREZ, MARIO I**
STREET ADDRESS **10280 NW 46TH Street**
CITY-ST-ZIP **Miami, FL 33178**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/03/03

(305) 308-7295

CR2E034 (10/02)