

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097268

1. Entity Name

NOE'S MANUFACTURING CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90150 034 ***150.00

Principal Place of Business

Mailing Address

13320 S.W. 254 TERRACE
HOMESTEAD FL 33032

13320 S.W. 254 TERRACE
HOMESTEAD FL 33032-5601

2. Principal Place of Business

10890 SW 186 ST

3. Mailing Address

13320 SW 254 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05-0964881

Applied For

Not Applicable

Zip

Country

33157

Dade

Zip

Country

33032

Dade

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

REYES, MISAE
13320 S.W. 254 TERRACE
HOMESTEAD FL 33032

Name

REYES, MISAE

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

13320 SW 254 TERRACE

City

HOMESTEAD

FL

Zip Code

33032

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

Misael Reyes
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete

P
NAME REYES, MISAE
STREET ADDRESS 13320 S.W. 254 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☐ Delete

✓ Reyes Noemi
NAME
STREET ADDRESS 13320 SW 254 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Misael Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)