

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90035 038 ***150.00

DOCUMENT # P99000097268

1. Entity Name
NOE'S MANUFACTURING CORP.

Principal Place of Business

Mailing Address

**10890 SW 186 ST
MIAMI FL 33157**

**13320 SW 254 TERR.
HOMESTEAD FL 33032**

2. Principal Place of Business

3. Mailing Address

10890 SW 186 ST

13320 SW 254 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY # 47

City & State

City & State

Miami FLA

HOMESTEAD FL

Zip

Country

Zip

Country

33157

33032

330

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, MISAEL
13320 S.W. 254 TERRACE
HOMESTEAD FL 33032**

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **REYES, MISAEL**
STREET ADDRESS **13320 S.W. 254 TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **REYES, NOEMI**
STREET ADDRESS **13320 SW 254 TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *M. Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-01 (305) 259-5722
Date Daytime Phone #

CR2E034 (10/00)