2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90057 042 ***150.00

DOCUMENT # P99000098654

1. Entity Name
N.B.P.T. INC.

Principal Place of Business
7441 WAYNE AVE..#6E
MIAMI BEACH FL 33141

Mailing Address
7441 WAYNE AVE..#6E
MIAMI BEACH FL 33141

2. Principal Place of Business
309 71st Street
Suite, Apt. #, etc.

3. Mailing Address
309 71st Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: MIAMI BEACH, FL
Zip: 33141 Country: U.S.A.

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Zip: 33141 Country: U.S.A.

4. FEI Number 65-0961476 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATTARD, DERRICK J
7441 WAYNE AVE.,#6E
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: Attard, Derrick J (no change)
Street Address (P.O. Box Number is Not Acceptable): 309 71st Street
City: Miami Beach FL Zip Code: 33141

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] DATE: 1/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	☑ Change ☐ Addition
NAME	ATTARD, DERRICK J		
STREET ADDRESS	7441 WAYNE AVE #6E		309 71st Street
CITY-ST-ZIP	MIAMI FL 33141		Miami Beach, FL 33141
TITLE		☐ Delete	☐ Change ☑ Addition
NAME			VP
STREET ADDRESS			Cristiane D. Attard
CITY-ST-ZIP			309 71st Street Miami Beach, FL 33141
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ 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: [signature] SIGNATURE REQUIRED Date: 1/30/02 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)