2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098654 1. Entity Name •

N.B.P.T. INC.



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

01-24-2003 90108 035 ***150.00

Principal Plac 309 71ST STR MIAMI BEACH		5	309 71	Mailing Address 309 71ST STREET MIAMI BEACH FL 33141								
2. Principal Place of Business 3. N				Mailing Address			-	1 (001)001 0 12/10 10/1/ 201/ 201/ 	1911 891 1 11			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 65-0961476			Applied For Not Applicable]
Zip Country			Zip	, , , , , , , , , , , , , , , , , , ,		у	5. Certificate of Status Desired		F	\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	t Registere	d Agent			7. N	lame and Address of New R	egistered A	gent		-
						Name		,				
ATTARD, DERRICK J			-	Street Address			s (P.O. Box Number is Not Acceptable)					1
309 71ST	STREET]			· 				-
MIAMI BE/	ACH FL 331	41										
						City			FL	Zip Code	e	
	e named entity tions of regist		or the purpo	ose of changing its	registere	d office or regist	ered age	ent, or both, in the State of Flo	rida. I am fa	ımiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	and title if appli	licable. (NOTE	: Registered	Agent signature requir	red when rei	instating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of						 Election Campaign Fin Trust Fund Contribution 			0 May Be I to Fees	
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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 ampowered 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 a other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2003 (

005/867-3925 Daytime-PHone # CR2E034 (10/0)