

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90034 045 ***150.00

DOCUMENT # S25141

1. Entity Name
NATIONAL PRIDE MANUFACTURE CORP.

Principal Place of Business
182 N.W. 25TH ST
MIAMI FL 33127-4418

Mailing Address
182 N.W. 25TH ST
MIAMI FL 33127-4418

00001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6001 N.W. 153RD ST.
 Suite, Apt. #, etc.
152

3. Mailing Address
6001 N.W. 153RD ST.
 Suite, Apt. #, etc.
152

City & State
MIAMI LAKES, FL.

City & State
MIAMI LAKES

4. FEI Number **65-0238114**

Applied For
 Not Applicable

Zip
33014

Country

Zip
33014

Country

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

6. Name and Address of Current Registered Agent

GRILLO, MIKE
182 N.W. 25TH ST
MIAMI FL 33127-4418

7. Name and Address of New Registered Agent

Name

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

6001 N.W. 153RD ST. # 152

City **MIAMI LAKES**

FL

Zip Code **33014**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 3/18/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRILLO, MIKE	
STREET ADDRESS	182 N.W. 25TH ST	
CITY-ST-ZIP	MIAMI FL 33127-4418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6001 N.W. 153 RD ST	
CITY-ST-ZIP	MIAMI LAKES, FL. 33014	
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

X 3/18/02

CR2E034 (9/01)