## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

MIAMI FL 33018

8816 N.W. 140 LN.

## S59825 DOCUMENT #

1. Entity Name

NAPP APARTMENTS, INC.

Principal Place of Business

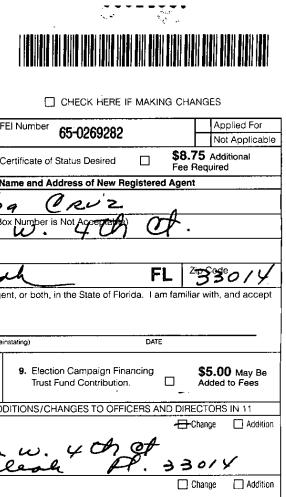
2541 W. FIRST AVENUE

HIALEAH FL 33010



**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90370 032 \*\*\*150.00



2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address 4th A.								
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	е		Çity	Gity State F.			<b>4.</b> F	El Number 65-02692	82		oplied For ot Applicable	
Zìp		Country	3	3014	°55'	4	<b>5.</b> C	Certificate of Status Desire	d 🗆	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
CRUZ, ALBA						Name A/ba CRUZ  Street Address (P.O. Box Number is Not Acceptable)						
8816 N.W	: 140 EN.			7777				S box Notifice is Not Account to				
MIAMI FL	33018					•						
							Chalesh FL 233014					
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. I am familiar with, and accept											and accept	
the obligations of registered agent.												
OLOWATURE.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
E	I E NOWIII	EEE IS \$150.00										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								<ol> <li>Election Campaign</li> <li>Trust Fund Contribut</li> </ol>			May Be to Fees	
Make Check	( Payable to	Florida Departme	nt of State-	f-State-				., 201, 2,72	3			
10. ·		OFFICERS /	AND DIRECTO		11.		AD	DITIONS/CHANGES TO C	FFICERS AN	D DIRECTORS	Š IN 11	
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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 empowered 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 all other like empowered.

SIGNATURE: