2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90370 032 ***150.00

DOCUMENT # S59825

1. Entity Name
NAPP APARTMENTS, INC.

Principal Place of Business	Mailing Address
2541 W. FIRST AVENUE	~~8816 N.W. 140 LN.~~
HIALEAH FL 33010	~~MIAMI FL 33018~~
US	~~US~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	7112 W. 4th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Fl.
Zip / Country	Zip: 33014 / Country: USA

4. FEI Number 65-0269282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, ALBA ~~8816 N.W. 140 LN.~~ ~~MIAMI FL 33018~~	Name: Alba Cruz Street Address (P.O. Box Number is Not Acceptable): 7112 W. 4th Ct. City: Hialeah 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CRUZ, ALBA ~~8816 N.W. 140 LN.~~ MIAMI FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7112 W. 4th Ct Hialeah Fl. 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ECHEVARRIA, NURIA ~~8816 NW 140 LANE~~ ~~MIAMI FL 33018~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7112 W. 4th Ct. Hialeah Fl 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HERNANDEZ, PEDRO J ~~8816 NW 140 LANE~~ MIAMI FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7112 W. 4th Ct. Hialeah Fl 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Alba Cruz SIGNATURE REQUIRED 1/28/03 305 556 8908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #