

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87039

1. Entity Name

NHE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90072 049 ***150.00

Principal Place of Business

Mailing Address

1801 S.W. 3RD AVE.
MIAMI FL 33129-1416

1801 S.W. 3RD AVE.
MIAMI FL 33129-1487

2. Principal Place of Business

3162 COMMODORE PLAZA

3. Mailing Address

3162 COMMODORE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3A

#3A

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

33133

U.S.A.

Zip

Country

33133

U.S.A.

4. FEI Number

65-0293448

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

JIMENEZ, ROSE G.
1801 SW 3RD AVE.
8TH FLOOR
MIAMI FL 33129

Name

JIMENEZ, ROSE G.

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

3162 COMMODORE PLAZA #3A

City

MIAMI

FL

Zip Code

33133

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, typed or printed name of registered agent and title if applicable.

ROSE G. JIMENEZ

(NOTE: Registered Agent signature required when reinstating)

4/18/00

DATE

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, 2000 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 ☐ Delete
NAME DPT
STREET ADDRESS MEIRELES, CLETO CAMPELO
CITY-ST-ZIP 1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3162 COMMODORE PLAZA #3A
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME VD
STREET ADDRESS MEIRELES, CLAUDIA MARIA
CITY-ST-ZIP 1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3162 COMMODORE PLAZA #3A
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME V
STREET ADDRESS MEIRELES, PAULO CESAR
CITY-ST-ZIP 1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3162 COMMODORE PLAZA #3A
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME S
STREET ADDRESS JIMENEZ, ROSE G
CITY-ST-ZIP 1801 SW 3RD AVE 8TH FLOOR
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3162 COMMODORE PLAZA #3A
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME V
STREET ADDRESS PERDIGAO, MARCIO C
CITY-ST-ZIP 1801 S.W. 3RD AVE.
MIAMI FL 33129-1416

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3162 COMMODORE PLAZA #3A
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE G. JIMENEZ

4/18/00

Date

(305) 448-5333

Daytime Phone #

CR2E034 (9/99)