

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001382
 1. Entity Name
NANEL HOLDINGS, LTD.

APPROVED
AND
FILED

00 MAR 30 PM 12: 24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA *mf 4/7*

Principal Place of Business Mailing Address
 3 GROVE ISLAND DRIVE, SUITE 1604 3 GROVE ISLAND DRIVE, SUITE 1604
 MIAMI FL 33133 MIAMI FL 33133



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0679735** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NELSON, BARRY A
C/O NELSON & LA FEMINA, P.A.
19495 BISCAYNE BLVD., SUITE 609
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. Capital Contributions as Shown on record. **\$475,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000053015	STREET ADDRESS	
NAME	NANEL HOLDINGS CORP.	CITY - ST - ZIP	
STREET ADDRESS	3 GROVE ISLAND DRIVE, SUITE 1604		
CITY - ST - ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **3-26-2000** **305-536-7293**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)