

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

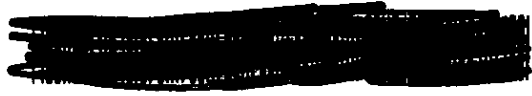
03-01-2000 90038 033 ***150.00

DOCUMENT # **L75106**
 1. Entity Name **JOSEPH NUDELMAN INC.** ✓

Principal Place of Business **1351 SAWGRASS CORPORATE PKWY SUNRISE FL 33323**
 Mailing Address **1351 SAWGRASS CORPORATE PKWY SUNRISE FL 33323-2813**

2. Principal Place of Business **AS ABOVE**
 Suite, Apt. #, etc.

3. Mailing Address **AS ABOVE**
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number **65-0202179**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NUDELMAN, JOSEPH
1351 SAWGRASS CORPORATE PKWY
SUNRISE FL 33313

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 _____

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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	NUDELMAN, JOSEPH	
STREET ADDRESS	1351 SAWGRASS CORP. PKWY	
CITY-ST-ZIP	SUNRISE FLORIDA 33313	
TITLE	ST	<input type="checkbox"/>
NAME	NUDELMAN, NORMA	
STREET ADDRESS	1351 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP	SUNRISE FLORIDA 33313	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: **X** _____ **2-18-00** (954) 835-2212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone