

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90045 011 ***150.00

DOCUMENT # P00000055654

1. Entity Name
NINEAV, INC.

Principal Place of Business Mailing Address
5964 SW 18 STREET **5964 SW 18 STREET**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**

553291

2. Principal Place of Business 3. Mailing Address
1559 BREAKWATER TERRACE **1559 BREAKWATER TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
HOLLYWOOD, FLORIDA **HOLLYWOOD, FLORIDA** **65-1014890** Not Applicable
 Zip Country Zip Country 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
SALOMON SUTTON Name **SALOMON SUTTON**
5964 SW 18 STREET Street Address (P.O. Box Number is Not Acceptable) **1559 BREAKWATER TERRACE**
BOCA RATON, FL 33433 City **HOLLYWOOD** FL Zip Code **33019**

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]* **SALOMON SUTTON** **4/27/01**
 Signature, typed name of registered agent and title if applicable. (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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SALOMON SUTTON <input type="checkbox"/> Delete 5964 SW 18 STREET BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALOMON SUTTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1559 BREAKWATER TERRACE HOLLYWOOD FLORIDA 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SALOMON SUTTON** **4/27/01** **(305) 215-4300**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)