

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000114144**

1. Entity Name

NAM INVESTMENTS, INC.

FILED

01 MAY -3 PM 12:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1340 PINE STREET
NAPLES FL 34104**

Mailing Address

**1340 PINE STREET
NAPLES, FL 34104**

2. Principal Place of Business

1340 PINE STREET

Suite, Apt. #, etc

3. Mailing Address

1340 PINE STREET

Suite, Apt. #, etc

City & State

NAPLES, FLORIDA

City & State

NAPLES FLORIDA

4. FEI Number

Applied For
 Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FILINGS INC.
3732 NW 16TH STREET
FT. LAUDERDALE, FL 33311**

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

Sign with, typed or printed 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 (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

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	MARCO VITALE
STREET ADDRESS	1340 PINE ST, NAPLES FL 34104
CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> Delete
NAME	ANTHONY VITALE
STREET ADDRESS	1340 PINE ST NAPLES FL 34104
CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER <input type="checkbox"/> Delete
NAME	MARK VITALE
STREET ADDRESS	1340 PINE STREET NAPLES FL 34104
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.