**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

Suite. Apt. 4. etc.  City & State  City & St	DOCUMENT # P9600053015  1. Entity Name NANEL HOLDINGS CORP.						Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90124 034 ***150.00				
Substantial Country  Substanti	3 GROVE ISI	LE DRIVE #1604	3 GROVE ISLE DRIVE #1604								
Substantial Country  Substanti	0.00										
City & Store  City & Store  City & Store  City & Store  Country  Zp  Country  Special Count	z. Principal F	Place of Business	3. Mailing Address								
ZP Country Zp Country	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
See Central and Status Desired See See See See See See See See See S	City & Stat	te	City & State			4	4. FEI Number 65-0679	328			
NELSON, BARRY A 19495 BISCAYNE BOULEVARD SUITE 609 NORTH MIAMI BEACH FL 33180  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Forice.  SIGNATURE	Zip	Country	Zip Coun		try				8.75 Add	Additional	
### 1949 BISCAYNE BOULEVARD SUITE 699 NORTH MIAMI BEACH FL 33180  #### 50 Common Flower of Proceedings of the Process of Changing 1s registered office or registered agent, or both, in the State of Forder.  #### 50 Common Flower of Process of Changing 1s registered office or registered agent, or both, in the State of Forder.  #### 50 Common Flower of Process of Changing 1s registered office or registered agent, or both, in the State of Forder.  #### 50 Common Flower of Process of Changing 1s registered office or registered agent, or both, in the State of Forder.  #### 50 Common Flower of Process of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Process of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Process of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Process of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of Changing 1s registered agent, or both, in the State of Forder.  ### 50 Common Flower of		6. Name and Address of Current	Registered Agent	<u> </u>		7	7. Name and Address of Ne		· · · · · · · · · · · · · · · · · · ·	-	
NORTH MIAMI BEACH FL 33160  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  9. This corporation is eligible to satisfy its intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  9. This corporation is eligible to satisfy the intangible Task filing requirement and elects to do so. [See criteria on back)  10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing St.00 May Be Addition Trust Fund Contribution.   10. Election Campsign Financing Trust Fund Tru	19495 BISCAYNE BOULEVARD					Streat Address (P.O. Box Number is Not Acceptable) 2775 Sunny Isles Bivd.					
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					d Danah		Zip.Cad	e. o			
Anter May 1, 2002. Fee will be \$550.00  Anter May 1, 2002. Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  (See oriteria on back)   Added to Fees  (See oriteria on back)   Added to Fees  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  NAME  BROUDY, NANCY  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  TITLE  Change   Change   Addition  Addition  Title  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Title  NAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Title  Change   Change   Addition  Title  Change   Change   Addition  Title  Change   Change   Addition  Title  Change   Change   Addition  Title  Title  Change   Change   Addition  Title  Ti	SIGNATURE .	Signature, typed or printed name of registered agent or pration is eligible to satisfy its Intangible	and title if applicable. (NOT	E: Registered	d Agent signat	ure required who	en reinstating)	1/22/02 DATE		O Moy Po	
TITLE NAME NAME NAME NAME NAME NAME NAME NAME	(See criter	ria on back)	Make Check Payat	ole to De		t of State	Trust Fund Contrib	ution.	Ådded	I to Fees	
MAME SIREET ADDRESS CITY-ST-ZIP MILE MAME SIREET ADDRESS CITY-ST-ZIP MILE MAME SIREET ADDRESS CITY-ST-ZIP MILE MAME MAME SIREET ADDRESS CITY-ST-ZIP MILE MAME SIREET ADDRESS CITY-S	TITLE NAME STREET ADDRESS	D ROTH, ELLEN 3 GROVE ISLE DRIVE #1604		TITLE NAMI STRE	ET ADDRESS		ADDITIONS/CHANGES TO (			Addition	
TITLE   Delete   TITLE   NAME   NAME   NAME   STREET ADDRESS   STREET ADDR	NAME Street address	3 GROVE ISLE DRIVE #1604	☐ Delete	NAME STREE	ET ADDRESS	Broudy 58 Wil	llow Glen, N.E.		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRES	name Street address	-	☐ Delete	NAME STREE	ET ADDRESS	<b>-</b>			Change	Addition	
MAME NAME STREET ADDRESS STY-ST-ZIP  TITLE NAME STREET ADDRESS STY-ST-ZIP  TITLE NAME STREET ADDRESS STY-ST-ZIP  TITLE NAME STREET ADDRESS STY-ST-ZIP  TO Delete STREET ADDRESS STY-ST-ZIP  3. 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 end 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 thustee ampowered 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 air address, with all other the empowered.	TREET ADDRESS		Delete	NAME STREE	, et address				] Change	Addition	
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	of the corp	on this report or supplemental report is poration or the receiver or fusite ampoor or on an attachment with an address, w	true and accurate end that n wered to execute this report vith all other the empowered.	ny signati as requir	ure shall h ed by Cha	ave the sam pter 607, Fl	on 119.07(3)(i), Florida Statute ne legal effect as if made und orida Statutes; and that my n	ler oath; that I am ame appears in B	an officer of llock 11 or	or director Block 12 if	