

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90124 034 ***150.00

DOCUMENT # P96000053015

1. Entity Name
NANEL HOLDINGS CORP.

Principal Place of Business
3 GROVE ISLE DRIVE #1604
MIAMI FL 33133

Mailing Address
3 GROVE ISLE DRIVE #1604
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 **65-0679328**

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

7. Name and Address of New Registered Agent

NELSON, BARRY A
19495 BISCAYNE BOULEVARD
SUITE 609
NORTH MIAMI BEACH FL 33180

Name
Nelson, Barry A., c/o Nelson & Levine, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd.
Suite 118
City
North Miami Beach **FL** **Zip Code**
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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/26/02*

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROTH, ELLEN**
STREET ADDRESS **3 GROVE ISLE DRIVE #1604**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROUDY, NANCY**
STREET ADDRESS **3 GROVE ISLE DRIVE #1604**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Change ☐ Addition
NAME **Broudy, Nancy**
STREET ADDRESS **58 Willow Glen, N.E.**
CITY-ST-ZIP **Atlanta, GA 30342**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *[Signature]* **ELLEN ROTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-02

Date

305
536-7293
 Daytime Phone #

CR2E034 (9/01)