

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90209 021 ***150.00

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DOCUMENT # P96000055116

1. Entity Name
NAURAS CORP.

Principal Place of Business
**3502 N POWERLINE RD
 POMPANO BEACH FL 33069
 US**

Mailing Address
**3502 N. POWERLINE RD
 POMPANO BEACH FL 33069**

811057480

2. Principal Place of Business
NAURAS CORP
 Suite, Apt. #, etc.

3. Mailing Address
3502 N Powerline Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL
 Zip
33069
 Country
Broward

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Pompano Beach
 Zip
FL 33069
 Country
Broward

4. FEI Number **65-0678709**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ABOU, ZAMEL
 1050 N.W. 1ST AVENUE, BAY #30
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
Zamel ABOU
 Street Address (P.O. Box Number is Not Acceptable)
3502 N Powerline Rd
Pompano
 City
Pompano Beach FL Zip Code
33069

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001
 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, 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	PD ABOU, ZAMEL S 1050 N.W. 1ST AVENUE, BAY #30 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2001
 Date Daytime Phone #

CR2E034 (10/00)