

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 031 ***150.00

DOCUMENT # P97000071499

1. Entity Name
EDDIE NURIELI, P.A.



Principal Place of Business
1749 E HALLANDALE BEACH BLVD
#117
HALLANDALE FL 33009

Mailing Address
1749 E HALLANDALE BEACH BLVD
#117
HALLANDALE FL 33009

11029618



2. Principal Place of Business

3. Mailing Address

1835 E. HALLANDALE BEACH BLVD

1835 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

117

117

City & State

City & State

HALLANDALE Bch, FL

Hallandale Bch, FL

Zip
33009

Country
BROWARD

Zip
33009

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0775350

Applied For
Not Applicable

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

NURIELI, EDDIE
1749 E HALLANDALE BEACH BLVD
#117
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

1835 E. Hallandale Bch Blvd

117

City

Hallandale Beach

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
NURIELI, EDDIE
1749 E HALLANDALE BEACH BLVD #117
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1835 E. Hallandale Bch Blvd. #117
Hallandale Bch, FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

EDDIE NURIELI

Date

Daytime Phone #

4/28/03

954-907-5306

CR2E034 (10/02)