2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2002 8:00 am Secretary of State
05-07-2002 90364 047 ***150.00

DOCUMENT # P97000093358 1. Entity Name

NAN II, INC.

Principal Pia	ace of Business	Mailing Address					
1	iversity dr o FL 33322	1204 N UNIVERSITY DR PLANTATIN FL 33322					
US		US		ļ			
						 	
1	Place of Business	3. Mailing Address				 	
136		13680 NW	5th 3th	reet			
Suite, Ap	t. #, etc. Le 100	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & Sta		City & State					
_ <i>პა</i> ი	rise, Fl.	Junrise, F	· 1.	4.	FEI Number 59-3476364	<u> </u>	Applied For
Zip	Country	Zip	Country		0.00		Not Applicable Additional
3332		33325	USA	5.	Certificate of Status Desired	Fee Rec	
	6. Name and Address of Current R	egistered Agent	Name **	7.	Name and Address of New Re	gistered Agent	
NATKOV	V, NEIL A						
1204 N UNIVERSITY DR			Street A	Address (P.O.,	Box Number is Not Acceptable)	<u> </u>	_
PLANTATION FL 33322			Street Address (P.O., Box Number is Not Acceptable)				
Outin	11011 1 2 00022		Suite 100				
			City 5	City Sonrise FL Zip Code 333325			
8. The above named entity submits this statement for the purpose of changing its regis				r registered ac	gent, or both, in the State of Florid	I <u></u>	0020
	- V (V, U) (J - 1(L) X	in A.				.1.1	
SIGNATURE	Signature, typed or printed name of registered agent and	VW BY	<u> </u>			1/4/02	(+)
-	-	title if applicable. (NOTE: Reg	gistered Agent signati	ure required when r	einstating)	DATE	
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!!! F	FILE NOW!!! FEE IS \$150.00				
Tay filing	requirement and along to the		`		10 Flection Compaign Sinon	voine de	
Tax filing	requirement and elects to do so.	After May 1, 2002 I	Fee will be \$5	550.00	 Election Campaign Finar Trust Fund Contribution. 		5.00 May Be ded to Fees
Tax filing	eria on back)	After May 1, 2002 I Make Check Payable t	Fee will be \$5 to Departmen	550.00 t of State	Trust Fund Contribution.	☐ Ād	ded to Fees
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13. I hereby certify that the information supplied with this filling 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 of 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 of the receiver or trusted empowered to precute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS