

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P47000107655
Entity Name
NF Business, Corp.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90053 015 ***150.00

Principal Place of Business
5530 Arnold Palmer Drive
917
Orlando, FL 32811

Mailing Address
5530 Arnold Palmer Drive
917
Orlando, FL 32811

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

B0033536
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3518223

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
Nazir J. Farah
5530 Arnold Palmer Drive #917
Orlando, FL 32811

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

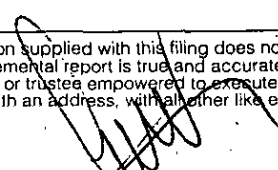
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	☐ Delete	STREET ADDRESS	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	☐ Delete	STREET ADDRESS	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	☐ Delete	STREET ADDRESS	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	☐ Delete	STREET ADDRESS	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	CITY-ST-ZIP	☐ Change ☐ 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
Date
Daytime Phone #

CR2E034 (9/99)