2000 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nam	MENT # P980000 NATE SIGNS, INC.				Terion F	222			•	
					OO MAR	22 AMIC	1:52			
Principal Place	e of Business	Mailing Address					•			
19651 SW 813T ST - MIAMI FL 33183		1375 NW 97 AVE STE-10- 1 Z MIAMI FL 33172-2855 US			SECRETARING OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address 1375 NW 97 ME								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			D	O NOT WRITE	IN THIS SPAC	Œ		
City & State		City & State MIAMI, FL		4.	FEI Number 5	8-2411347	,	-	plied For	}
Zip Country		Zip 33172 Country SA			Cartificate of Stat	us Dosirod	\$8.	75 Add:	t Applicable itional	1
331	12. USA.		<u>-المحرب</u>		Certificate of Stat Name and Addre		└ Fee	Required		-
	6. Name and Address of Current R	egistered Agent	Name				istereu Ager			1
ZUN	IGA, JAMES JR				Sox Number is No		alla a see	12		┨
-13651 SW 81ST-ST- 				1375	Box Number is No	ANE -	UNIT	12		-
—MIAN	// FE 33183							7:- 0		-
			City	MIAM	.1		FL	331	72]
8. The above	named entity submits this statement for	the purpose of changing its regis	stered office or	registered ag	gent, or both, in th	e State of Florid	da.			
SIGNATURE .			_				160	0		
SIGNATORE .	Signature, uped or printed name of registered agent an		istered Agent signatu		einstating)		(ATE]
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After MAY 1, 2000						ampaign Finar			0 May Be	
-	ia on back)	Make Check Payable to			Trust Fund	d Contribution.		Added	to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHAN	GES TO OFFIC]_
TITLE NAME	PD Zuniga, James Jr	☐ Delete	TITLE NAME	TOME	ו אוגד פ	A JR	٧	Change	☐ Addition	R2E034 (9/99)
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
indiacted	pertify that the information supplied with to on this report or supplemental report is	News and accurate and that my el	ionatiiro chall h	ava tha cama	HAMBI AMPET AS IT I	nade under da	m: mari am a	m onneer	or anecia]
of the cor	poration or the receiver or trustee empor or on an attachment with an address w	dered to execute this report as re	equired by Cha	pter 607, Flor	rida Statutes; and	that my name a	appears in Blo	ock 11 or	Block 12 if	