

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90006 035 ***150.00

DOCUMENT # 99000030726
Entity Name
NUDAROMI CORP.
Principal Place of Business
19333 COLLINS AVENUE
APT 2010
SUNNY ISLES BEACH, FL 33160
Mailing Address
19333 COLLINS AVENUE
APT 2010
SUNNY ISLES BEACH, FL 33160

655677

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
4. FEI Number
65-0966948
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
7. Name and Address of New Registered Agent
Name
DANIEL J. SORBER
Street Address (P.O. Box Number is Not Acceptable)
2031 NE 214 STREET
City
NORM HAMI BEACH
FL
Zip Code
33179

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
DANIEL J. SORBER ESQ.
DATE
4/26/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR JACOBO SZANKOWSKI 19333 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: JACOBO SZANKOWSKI
Date
4/26/00
Daytime Phone #
(305) 932-6262