

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
03-28-2001 90077 027 \*\*\*150.00

DOCUMENT # P99000030726

1. Entity Name

**NUDARONI CORP.**

Principal Place of Business

**19333 COLLINS AVE.  
#2010  
SUNNY ISLES BEACH  
FLORIDA 33160**

Mailing Address

**19333 COLLINS AVE.  
#2010  
SUNNY ISLES BEACH  
FLORIDA 33160**

2. Principal Place of Business

**19333 COLLINS AVE**

3. Mailing Address

**19333 COLLINS AVE**

Suite, Apt. #, etc.

**# 2010**

Suite, Apt. #, etc.

**# 2010**

City & State

**SUNNY ISLES BEACH FL**

City & State

**SUNNY ISLES BEACH, FL**

4. FEI Number

**65 0966948**

Applied For

Not Applicable

Zip

**33160**

Country

Zip

**33160**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DANIEL J. SENBER  
25 SE SECOND AVE  
SUITE 730  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **DANIEL J. SENBER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2875 NE 191 STREET**  
**SUITE 801**  
City **AVENUE** FL Zip Code **33180**

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.

SIGNATURE **DANIEL J. SENBER**

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

(NOTE: Registered Agent signature required when reinstating)

**3/23/01**

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	<b>D JACOBO SEMNROK</b>
STREET ADDRESS	<b>19333 COLLINS AVE, #2010</b>
CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 33160</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **JACOBO SEMNROK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01**

Date

Daytime Phone #

CR2E034 (11/00)