

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046059

1. Entity Name
NABE CORPORATION

Principal Place of Business Mailing Address
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER 201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE
65-1096394

4. FEI Number APPLIED FOR Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MARTAYAN, BERG 12705 CYPRESS RD. NORTH MIAMI FL 33181 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
10205 Collins Avenue # 409 Bal Harbour, Florida 9 33154-1427

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MARTAYAN, NADYA 12705 CYPRESS RD. NORTH MIAMI FL 33181 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
10205 Collins Avenue # 409 Bal Harbour, Florida 9 33154-1427

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS 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: MARTAYAN BERG O. 3/6/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)