

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

0220512 AV

DOCUMENT # **P99000046059**



1. Entity Name  
**NABE CORPORATION**

04-22-2003 90080 001 \*\*\*150.00  
04-22-2003 90080 002 \*\*\*\*35.00

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

Mailing Address  
**201 S. BISCAYNE BLVD., 1500 MIAMI CENTER  
MIAMI FL 33131**



2. Principal Place of Business  
Suite, Apt. #, etc.  
**Suite 1500(LN)**  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
**Suite 1500(LN)**  
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1096394** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name **Louis Nostro**  
Street Address (P.O. Box Number is Not Acceptable) **728 CATALONIA AVENUE**  
City **Coral Gables FL** Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Louis Nostro** DATE **4/14/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARTAYAN, BERG</b> <b>10205 COLLINS AVENUE #409</b> <b>BAY HARBOUR FL 33154-1427</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **4/15/03** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)

*attachment*  
**SHUTTS  
&  
BOWEN  
LLP**

# P99000046059

ATTORNEYS AND COUNSELLORS AT LAW

LOUIS NOSTRO  
DIRECT LINE (305) 379-9164  
FLORIDA BAR BOARD CERTIFIED  
IN THE AREAS OF TAXATION  
WILLS, TRUSTS & ESTATES

EMAIL ADDRESS:  
LNOSTRO@SHUTTS-LAW.COM

April 18, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: Nabe Corporation  
2003 For Profit Corporation Uniform Business Report (UBR)  
Document Number: P99000046059**

Dear Division:

I enclose for filing the 2003 Uniform Business Report (UBR) for the above entity, along with two checks, \$150 for the filing fee and \$35 for the change of registered agent.

Please contact me if you have any questions. Thank you for your assistance.

Sincerely,



Louis Nostro

Enclosures

MIADOCS 593263.1 SLB