2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064580

Country

6. Name and Address of Current Registered Agent

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

NMC ENTERPRISE, INC.

Principal Place of Business 1655 NW 41 STREET OAKLAND PARK FL 33309

2. Principal Place of Business

BEMIS, ROBERT L

1655 NW 41 STREET OAKLAND PARK FL 33309

Suite, Apt. #, etc.

City & State

SIGNATURE

Mailing Address

1655 NW 41 STREET OAKLAND PARK FL 33309-4551

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. · 11. ☐ Addition Change TITLE ☐ Delete NAME BEMIS, ROBERT L STREET ADDRESS STREET ADDRESS 1655 NW 41 STREET CITY-ST-ZIP OAKLAND PARK FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete BEMIS, GINA M NAME STREET ADDRESS STREET ADDRESS 1655 NW 41 STREET CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90012 004 ***150.00



DO NOT WRITE IN THIS SPACE

DATE

Not Applicable Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

Name

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

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 eport 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 trooper 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO