

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064280

1. Entity Name

NMI INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90055 029 \*\*\*150.00

Principal Place of Business

22521 SW 66 AVE STE A-312  
BOCA RATON FL 33249

Mailing Address

22521 SW 66 AVE STE A-312  
BOCA RATON FL 33428-5327

2. Principal Place of Business

4000 S. Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address

4000 S. Dixie Hwy  
Suite, Apt. #, etc.

City & State

WPB Florida

City & State

WPB Florida

4. FEI Number

650939654

Applied For

Not Applicable

Zip

Country

33405

Zip

Country

33405

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABDALLAH, NAJI  
22521 SW 66 AVE STE A-312  
BOCA RATON FL 33249

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE ☐ Delete  
NAME ABDALLAH, NAJI  
STREET ADDRESS 22521 SW 66 AVE STE A-312  
CITY-ST-ZIP BOCA RATON FL 33249

TITLE ☐ Delete  
NAME MAZRAAWI, MOHAMMAD  
STREET ADDRESS 22521 SW 66 AVE STE A-312  
CITY-ST-ZIP BOCA RATON FL 33249

TITLE ☐ Delete  
NAME ABDALLAH, ISSA A  
STREET ADDRESS 22521 SW 66 AVE STE A-312  
CITY-ST-ZIP BOCA RATON FL 33249

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.Pres. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secy/Treasure ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Naji Abdallah  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/00 (561) 832-4907  
Daytime Phone #

CR2E034 (9/99)