2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706600

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 706600 1. Entity Name						FILED Aug 29, 2001 8:00 am Secretary of State				
						Secretary of State				
•	N HOUSE I	INC		,	(W)	~	08-29-2001 90017	022 ****70.0	00	
Principal Place	e of Business		ailing Address		M					
803 RIDGE RD., APT. #1 LANTANA FL 33462			803 RIDGE RD., APT. #1 LANTANA FL 33462			լև	UU/3843			
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2. Principal Pl	lace of Busine	ess 3.	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-1289042 Applied For Net Applicab				
Zip		Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Addition		
	6. Name a	and Address of Current Regis	stered Agent			7. Name and Add	iress of New Registere	Agent		
	7-c m		* · · · · · · · · · · · · · · · · · · ·	Name		همچنی در اعد اعدال سم اسا	5 . ± -			
(LMARI, LI				Street A		P.O. Box Number is		· · · · · · · · · · · · · · · · · · ·		
	DGE ROAD									
LANIANA	FL 33462			City			F	Zip Code		
	FILE NOW:	I MARI LINA I Printed name of registered agent and little FEE IS \$61.25 2001, min. will be \$236.2	if applicable. (NOTE	ESIGNED: Registered Agent signate paign Financing Contribution.	ure required	\$5.00 May Be Added to Fees		ck Payable to		
10.		OFFICERS AND DIRECT	ORS /	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN 10	0	
TITLE	PD		Delete	TITLE	PK	BRIEN	и.	Change	Addition (5)	
NAME STREET ADDRESS	POLVINEN 803 RIDGE	RD N.	,	NAME STREET ADDRESS	90	est, brien	H. LANTANA, FL	22467-	CR2E037 (5	
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NAME PERCET ADDRESS	POLVINEN 803 RIDGE		1	STREET ADDRESS			ANTIDAYTA LUX			_
STREET ADDRESS CITY-ST-ZIP	LANTANA			TY-ST-ZIP		WAR KANANGAN				
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STREET ADDRESS				STREET ADDRESS	, .				.	
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12. 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 617, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

561-582

☐ Change

☐ Addition