

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90178 048 ***150.00

DOCUMENT # 679688

1. Entity Name
NATTAN, INC.



Principal Place of Business

**19955 NE 38TH CT
2802
MIAMI FL 33180
US**

Mailing Address

**200 S. BISCAYNE BLVD.
STE. 2420
MIAMI FL 33131
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MELAND, MARK S
2420 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BOULEVARD
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Meland, Rossin Hellinger + Burdick PA.
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd
3600 Wadsworth Financial Center
City
MIAMI FL Zip Code
33131

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

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

(NOTE: Registered Agent signature required when reinstating)

MARK MELAND

3/2/03

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

TITLE **PD** ☐ Delete
NAME **REIBER, NATHAN**
STREET ADDRESS **19955 NE 38TH CT #2802**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **SDT** ☐ Delete
NAME **REIBER, CAROLEE**
STREET ADDRESS **19955 NE 38TH CT #2802**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **V** ☐ Delete
NAME **MELAND, MARK S.**
STREET ADDRESS **200 S. BISCAYNE BOULEVARD, #2420**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELAND, V.P.

3/2/03

(305) 358-6363

Date

Daytime Phone #

CR2E034 (10/02)