

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 189124

1. Entity Name

NAFO CORP

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90184 009 ***150.00

Principal Place of Business

Mailing Address

H E NASON
7670 N W 55 ST
MIAMI FL 33166

H E NASON
7670 N W 55 ST
MIAMI FLA 33176-1915

2. Principal Place of Business

3. Mailing Address

9341 S. W. 88 Street
Suite, Apt. #, etc.

9341 S. W. 88 Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33176

Country
USA

Zip
33176

Country
USA

4. FEI Number 59-6066731

Applied For
Not Applicable

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

UUUUJ444



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASON, H E
7670 NW 55 ST
MIAMI FL 33166

Name
Cheryl Glick
Street Address (P.O. Box Number is Not Acceptable)
8521 S. W. 93 Court
City
Miami FL Zip Code
33173

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 Cheryl Glick January 10, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME NASON, H E
STREET ADDRESS 7670 N.W. 55 ST.
CITY-ST-ZIP MIAMI FL

TITLE President ☐ Change ☒ Addition
NAME Cheryl Glick
STREET ADDRESS 8521 S. W. 93 Court
CITY-ST-ZIP Miami, Florida 33173

TITLE ST ☐ Delete
NAME YANCEY, ROSE ANNA
STREET ADDRESS 8001 S.W. 138 CT.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME YANCEY, ROSE ANNA
STREET ADDRESS 8001 S.W. 138 CT.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME NASON, MARGUERITE
STREET ADDRESS 8521 S.W. 93 CT.
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2000 (305) 5966636

Date

Daytime Phone #

CR2E034 (9/99)