

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90264 043 ***150.00

DOCUMENT # 248489

1. Entity Name

NATIONAL BONDED WAREHOUSE, INC.

Principal Place of Business

Mailing Address

**11451 NW 36 AVE
 MIAMI FL 33167
 US**

**10501 N.W. 7TH AVENUE
 MIAMI FL 33150
 US**

2. Principal Place of Business

3. Mailing Address

11451 N.W. 36TH Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL, 33167

4. FEI Number

59-0935673

Applied For

Not Applicable

Zip

Country

Zip

Country

33167

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, BENNETT G.
 2635 LEJEUNE RD #508
 CORAL GABLES FL 33134**

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]

1/8/02

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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SASSON, ZAKAY 10501 NW 7TH AVE MIAMI FL 33150 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SASSON ZAKAY 16495 N.E. 32nd Avenue Eastern Shores. FL, 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST FEFER, ENRIQUE 10501 NW 7TH AVE MIAMI FL 33150 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST FEFER ENRIQUE 19333 Collins Avenue, Apt A08 Sunny Isles Beach. FL, 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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]

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

01/08/02

305-6326439

Date

Daytime Phone #

CR2E034 (9/01)