

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90048 029 ***158.75

DOCUMENT # 258687

1. Entity Name
NANSHAR CORP.

Principal Place of Business

Mailing Address

C/O ERTAG
 1600 WEST AVENUE #401
 MIAMI BEACH FL 33139

C/O ERTAG
 1600 WEST AVENUE #401
 MIAMI BEACH FL 33139-2351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1000689**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERTAG, SALLY
1600 W. AVENUE
APT. 401
MIAMI BEACH FL 33139

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	GOLDMAN, YETTA
STREET ADDRESS	230 174TH STREET
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	ROTHBAUM, MINNIE
STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	ST <input type="checkbox"/> Delete
NAME	ERTAG, SALLY
STREET ADDRESS	1600 W AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	GUMPEL, SHARON
STREET ADDRESS	3318 OTTAWA LANE
CITY-ST-ZIP	COOPER CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sharon Gumpel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/13/00** Daytime Phone #: **305 672-7891**

CR 1004-13281