## 2001 UNIFORM BUSINESS RÉPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 258687** 1. Entity Name NANSHAR CORP. 04-11-2001 90095 022 \*\*\*158.75 Principal Place of Business Mailing Address C/O ERTAG C/O ERTAG 1600 WEST AVENUE #401 1600 WEST AVENUE #401 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address \_\_ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1000689 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERTAG, SALLY Street Address (P.O. Box Number is Not Acceptable) 1600 W. AVENUE APT, 401 MIAMI BEACH FL 33139 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition TITLE TITLE Delete **GOLDMAN, YETTA** NAME NAME 230 174TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL Delete ☐ Change ☐ Addition TITLE TITLE ROTHBAUM, MINNIE NAME NAME 300 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ERTAG, SALLY NAME NAME STREET ADDRESS 1600 W AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition TITLE Delete TITLE ☐ Change **GUMPEL, SHARON** NAME NAME 3318 OTTAWA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/05/01

305-671-)89