2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 393585** May 11, 2000 8:00 am Secretary of State 1. Entity Name NAGORD PROPERTIES, INC. 05-11-2000 90288 042 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 13726 4556 S. MANHATTAN AVENUE TAMPA FL 33681-3726 **TAMPA FL 33611** 3. Mailing Address 2. Principal Place of Business 918 W. Jan Jose Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1437537 Not Applicable Country \$8.75 Additional Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Maldonado Street Address (P.O. Box Number is Not Acceptable) MALDONADO, DARCIE L 4556 S. MANHATTAN AVENUE SUITE D **TAMPA FL 33611** 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. Dec-Ireas Darcie FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. ☐ Addition ☐ Change PD ☐ Delete TITLE TITLE COHEN, BONNIE G NAME NAME STREET ADDRESS STREET ADDRESS 5707 DARNELL CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete COHEN, MIRIAM DOLLY NAME STREET ADDRESS 11336 C PARK CENTRAL PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP DALLAS TX 75230 ☐ Addition Change TITLE Delete maidonado, Dancie L. MALDONADO, DARCIE L NAME NAME 2918 W. San Jose 4556 S. MANHATTAN D. STREET ADDRESS STREET ADDRESS FL 33629 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE WILLIAMS, GLADYS A. NAME NAME STREET ADDRESS STREET ADDRESS 4335 AEGEAN DRIVE, #136A CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DISTRIBUTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NAME

STREET ADDRESS