

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90288 042 \*\*\*150.00

**DOCUMENT # 393585**

1. Entity Name  
**NAGORD PROPERTIES, INC.**

Principal Place of Business <b>4556 S. MANHATTAN AVENUE                  D                  TAMPA FL 33611                  US</b>	Mailing Address <b>POST OFFICE BOX 13726                  TAMPA FL 33681-3726                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2918 W. San Jose St.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Tampa, FL 33629</b>	City & State	4. FEI Number <b>59-1437537</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33629</b>	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MALDONADO, DARCIE L                  4556 S. MANHATTAN AVENUE                  SUITE D                  TAMPA FL 33611</b>	7. Name and Address of New Registered Agent Name <b>Darcie L. Maldonado</b> Street Address (P.O. Box Number is Not Acceptable) <b>2918 W. San Jose St</b> City <b>Tampa</b> FL Zip Code <b>33629</b>
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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: Darcie L. Maldonado, Sec-Treas. Darcie L. Maldonado DATE: 4/27/00

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COHEN, BONNIE G 5707 DARNELL HOUSTON TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COHEN, MIRIAM DOLLY 11336 C PARK CENTRAL PLAZA DALLAS TX 75230</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MALDONADO, DARCIE L 4556 S. MANHATTAN D. TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Maldonado, Darcie L. 2918 W. San Jose St Tampa, FL 33629</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WILLIAMS, GLADYS A. 4335 AEGEAN DRIVE, #136A TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Darcie L. Maldonado DATE: 4/27/00 DAYTIME PHONE #: (813) 831-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)