

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395182

1. Entity Name

NAGORD ENTERPRISES, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90008 049 ***150.00

Principal Place of Business

Mailing Address

4556 S. MANHATTAN
SUITE D.
TAMPA FL 33611
US

P.O. BOX 13726
TAMPA FL 33681-3726
US

2. Principal Place of Business

3. Mailing Address

2918 W. San Jose St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33629

4. FEI Number

59-1450584

Applied For

Not Applicable

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

MALDONADO, DARCIE L.
4556 S. MANHATTEN AVE.
SUITE D
TAMPA FL 33611

Name Darcie L. Maldonado

Street Address (P.O. Box Number is Not Acceptable)
2918 W. San Jose St

City Tampa

FL

Zip Code 33629

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 4/27/00
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, 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 PD ☐ Delete
NAME COHEN, BONNIE G
STREET ADDRESS 5707 DARNELL
CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COHEN, MIRIAM DOLLY
STREET ADDRESS 11336 C PARK CENTRAL PLAZA
CITY-ST-ZIP DALLAS TX 75230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MALDONADO, DARCIE L
STREET ADDRESS 4556 S. MANHATTAN AVE. D
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME STIS Maldonado, Darcie L
STREET ADDRESS 2918 W. San Jose St
CITY-ST-ZIP Tampa, FL 33629

TITLE VP ☐ Delete
NAME WILLIAMS, GLADYS A.
STREET ADDRESS 4335 AEGEAN DRIVE APT. #136A
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Darcie L. Maldonado Darcie L. Maldonado 4/27/00 (813) 831-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)