

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2000 90008 049 \*\*\*150.00

**DOCUMENT # 395182**

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

Principal Place of Business <b>4556 S. MANHATTAN SUITE D. TAMPA FL 33611 US</b>	Mailing Address <b>P.O. BOX 13726 TAMPA FL 33681-3726 US</b>
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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</b>	City & State
Zip <b>33629</b>	Country

4. FEI Number <b>59-1450584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MALDONADO, DARCIE L.  
 4556 S. MANHATTEN AVE.  
 SUITE D  
 TAMPA FL 33611**

7. Name and Address of New Registered Agent  
 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 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.

**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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>COHEN, BONNIE G</b>	
STREET ADDRESS <b>5707 DARNELL</b>	
CITY-ST-ZIP <b>HOUSTON TX</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>COHEN, MIRIAM DOLLY</b>	
STREET ADDRESS <b>11336 C PARK CENTRAL PLAZA</b>	
CITY-ST-ZIP <b>DALLAS TX 75230</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>MALDONADO, DARCIE L</b>	
STREET ADDRESS <b>4556 S. MANHATTAN AVE. D</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>WILLIAMS, GLADYS A.</b>	
STREET ADDRESS <b>4335 AEGEAN DRIVE APT. #136A</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD Maldonado, Darcie L</b>
STREET ADDRESS	<b>2918 W. San Jose St</b>
CITY-ST-ZIP	<b>Tampa, FL 33629</b>
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: *Darcie 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)