## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 640534**

## FILED May 16, 2001 8:00 am Secretary of State

	ND PROPERTIES INC.								
						05-16-2001 90:	327 001	***900.	.00
Principal Place	e of Business	Mailing Address		<del></del> ,	$\dashv$				
% MARIO BRAMNICK 9050 PINES BLVD #450 PEMBROKE PINES FL 33024 US  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country			9050 PINES BLVD., #450 PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE  4. FEI Number 59-1942452  Applied For Not Applied be			
		3. Mailing Address							
		Suite, Apt. #, etc.							
		City & State							
		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of C	turrent Pagistored Agent	— <del>L                                    </del>	<del></del>	<u> </u>	Name and Address of New Regi			
<del></del>	o. Name and Address of C	urrent negistered Agent		Name		name and Address of New Regi	SIEIEU AGE	7111	
	MNICK, Z		<u> </u>		s (P.O. E	Box Number is Not Acceptable)			
	PINRES BLVD., #450 BROKE PINES FL 33024								
				City			FL	Zip Code	e
8. The above	named entity submits this state	ment for the purpose of changing	its registere	d office or regis	tered ag	ent, or both, in the State of Florida	a.		
SIGNATURE _	Signature, typed or printed name of register	red agent and title if applicable. (f	NOTE: Registered	Agent signature requi	red when re	einstating)	DATE	<u>_</u> _	
Tax filing re	oration is eligible to satisfy its Intrequirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees			
(See Criter	ia on back)	Make Check Pag				Trust Fund Contribution.		Added	I to Fees
11.		Make Check Parts AND DIRECTORS			tate	Trust Fund Contribution.  DITIONS/CHANGES TO OFFICE			
			yable to De	partment of S	tate	<u> </u>	RS AND D		
11.	OFFICER P	S AND DIRECTORS	yable to De	partment of S	tate	<u> </u>	RS AND D	RECTORS	S IN 11
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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:** 

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR