

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 667106**

1. Entity Name

NATIONAL DEVELOPMENT & CONSTRUCTION CORP.**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90147 045 ***150.00

Principal Place of Business

Mailing Address

~~1801 CLINT MOORE RD STE 201~~
~~BOCA RATON FL 33487~~
~~US~~~~1801 CLINT MOORE RD STE 201~~
~~BOCA RATON FL 33487-2752~~
~~US~~**NEW ADDRESS****NEW ADDRESS**

2. Principal Place of Business

3. Mailing Address

2155 W. MAYA PALM DRIVE
Suite, Apt. #, etc.**2155 W. MAYA PALM DRIVE**
Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL**BOCA RATON, FL**

4. FEI Number

59-2012733

Applied For

Not Applicable

Zip

Country

Zip

Country

33432**USA****33432****USA**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

SLOSSBERG, SAUL A
1801 CLINT MOORE RD STE 201
BOCA RATON FL 33487**NEW ADDRESS**
2155 W. MAYA PALM DR.
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**PD**
SLOSSBERG, SAUL
1801 CLINT MOORE RD STE 201
BOCA RATON FL 33487☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD**
SLOSSBERG, SAUL
2155 W. MAYA PALM DRIVE
BOCA RATON, FL 33432☒ Change ☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Change ☐ Delete

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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #