

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90027 035 \*\*\*150.00

0154218

**DOCUMENT # 679688**

1. Entity Name

**NATTAN, INC.**

Principal Place of Business

**37 STAR ISLAND  
 MIAMI BEACH FL 33139  
 US**

Mailing Address

**200 S. BISCAYNE BLVD.  
 STE. 2420  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

**19955 N.E. 38th Court**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2802**

City & State

**Aventura, FL**

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33180**

Country

**USA**

Zip

Country

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

**MELAND, MARK S  
 2420 FIRST UNION FINANCIAL CENTER  
 200 S. BISCAYNE BOULEVARD  
 MIAMI FL 33131**

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, 2001 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	<input type="checkbox"/> Delete
NAME	REIBER, NATHAN	
STREET ADDRESS	11111 BISCAYNES BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	REIBER, CAROLEE	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	V	<input type="checkbox"/> Delete
NAME	MELAND, MARK S.	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, #2420	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reiber, Nathan	
STREET ADDRESS	19955 N.E. 38th Ct., #2802	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reiber, Carolee	
STREET ADDRESS	19955 N.E. 38th Ct., #2802	
CITY-ST-ZIP	Aventura, FL 33180	
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 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:

**MARK MELAND**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/24/01**

Daytime Phone #

**(305) 358-6363**

CR2E034 (10/00)