

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90178 048 ***150.00

CR217003
AV

DOCUMENT # 679688

1. Entity Name
NATTAN, INC.



Principal Place of Business
**19955 NE 38TH CT
2802
MIAMI FL 33180
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**200 S. Biscayne Blvd.
3000**
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip Country
33131 US



CHECK HERE IF MAKING CHANGES

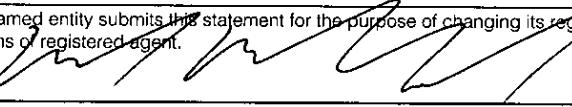
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Meland Rossin Hellinger + Burdick PA.
Street Address (P.O. Box Number is Not Acceptable)
**200 S. Biscayne Blvd
3000 Wadsworth Financial Center**
City State Zip Code
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MARK MELANO** DATE **3/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REIBER, NATHAN	
STREET ADDRESS	19955 NE 38TH CT #2802	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	REIBER, CAROLEE	
STREET ADDRESS	19955 NE 38TH CT #2802	
CITY-ST-ZIP	MIAMI FL 33180	
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		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARK MELANO, V.P.** DATE **3/21/03** DAYTIME PHONE # **(305) 358-6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)