

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 831286**

1. Entity Name

NVF COMPANY**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90047 020 ***150.00

0606742

Principal Place of Business

**1166 YORKLYN ROAD
YORKLYN DE 19736
US**

Mailing Address

**1166 YORKLYN ROAD
YORKLYN DE 19736
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0035270**

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	PDC	<input type="checkbox"/> Delete
NAME	POSNER, VICTOR	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAM BEACH FL	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward T. McGann	
STREET ADDRESS	6917 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL	

TITLE	DEV	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

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

TITLE	DVCE	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

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

TITLE	EVAS	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM J.	
STREET ADDRESS	1166 YORKLYN RD.	
CITY-ST-ZIP	YORKLYN DE	

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

TITLE	C	<input type="checkbox"/> Delete
NAME	DOUGLAS, DERRICK	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	Secretary	<input checked="" 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:**William J. Campbell Executive Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)