

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000138**

1. Entity Name

NEREUS AUDIO INTERNATIONAL, LTD.

Principal Place of Business

**4710 EISENHOWER BLVD., SUITE C-8
TAMPA FL 33634**

Mailing Address

**4531 ROSEMER
TAMPA FL 33609-4209**

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

59-3221914

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

KADOW, JOSEPH J

550 NORTH RED STREET

SUITE 200

TAMPA FL 33609

Name

Joseph J. Kadow

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

2202 North West Shore Boulevard

5th Floor

City

Tampa,

FL

Zip Code **33607**

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. Capital Contributions
as Shown on record.

\$9,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000001622**
NAME **NEREUS AUDIO INTERNATIONAL, INC.**
STREET ADDRESS **4531 ROSEMER**
CITY - ST - ZIP **TAMPA FL 33609**

STREET ADDRESS

CITY - ST - ZIP

7000003216807-5
-04/20/00--01078--004
******441.25 ****141.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/29/00

813/842-1200



DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 5:30

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CR2E003 (9/99)