

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012895 AF

DOCUMENT # **A95000000751**

1. Entity Name

**NNE HOLDINGS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 11 PM 3:00

Principal Place of Business  
**812 WEST OAK STREET  
KISSIMMEE FL 34741**

Mailing Address  
**812 WEST OAK STREET  
KISSIMMEE FL 34741-6625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0591767** Applied For  
Not Applicable

Zip Country

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

**KRAMER, ROBERT M  
C/O KRAMER, GREEN, ET AL  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$9,900.00** 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 #	<b>ESTRADA, NAPOLEON N 812 W. OAK ST. KISSIMMEE FL 34741</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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** **Napoleon N. Estrada, MD**  
**812 W. OAK ST.**  
**KISSIMMEE, FL 34741-6625**

**4/5/00**  
**407 846 3166**  
Date Daytime Phone #

CR2E003 (9/99)