

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001382**

1. Entity Name

NANEL HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:19

Principal Place of Business

Mailing Address

**3 GROVE ISLAND DRIVE, SUITE 1604
MIAMI FL 33133**

**3 GROVE ISLAND DRIVE, SUITE 1604
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0679735

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

**NELSON, BARRY A
C/O NELSON & LA FEMINA, P.A.
19495 BISCAYNE BLVD., SUITE 609
NORTH MIAMI BEACH FL 33180**

Name

Nelson, Barry A., c/o Nelson & Levine, P.A.

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

2775 Sunny Isles Blvd.

Suite 118

City

North Miami Beach

FL

Zip Code
33160

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.

DATE

9. Capital Contributions
as Shown on record.

\$475,000.00

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 # **P96000053015**
NAME **NANEL HOLDINGS CORP.**
STREET ADDRESS **3 GROVE ISLAND DRIVE, SUITE 1604**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

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CITY-ST-ZIP

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
ELLEN ROTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-23-02

Date

Daytime Phone #

**305-
536-7293**

CR2E003 (9/01)

SP
8980303

STAPLE CHECK HERE