AMENDED ANNUAL REPORT

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006132

1. Entity Name

NSU (V), INC.

Principal Place of Business | Mailing Address

FILED

01 OCT 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1439 Washington Avenue
Suite, Apt. #, etc.
City & State: Miami Beach, FL
Zip: 33139 Country: USA

3. Mailing Address: 1439 Washington Avenue
Suite, Apt. #, etc.
City & State: Miami Beach, FL
Zip: 33139 Country: USA

4. FEI Number: 59-2203467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Louis J. Terminello, Esq.
2700 S.W. 37th Avenue
Miami, FL 33133

7. Name and Address of New Registered Agent

Name: Jonathan D. Beloff, Esq.
Street Address (P.O. Box Number is Not Acceptable): BELOFF & SCHWARTZ
1111 Lincoln Road, #411
City: Miami Beach FL Zip Code: 33139

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] By:Jonathan D. Beloff, Esq. 10/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres.,Vice-Pres.,Secretary, Treasurer, Director Vanessa Nevius 1439 Washington Avenue, Miami Beach FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres., Vice-Pres., Secretary Treasurer, Director Yonatan Moshe ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1439 Washinton Avenue Miami Beach, FL 33139 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

[signature]