

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45994

1. Entity Name

NATIONAL BUILDING ENTERPRISES CORP.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90147 041 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 CLINT MOORE RD STE 201  
BOCA RATON FL 33487  
US

1801 CLINT MOORE RD STE 201  
BOCA RATON FL 33487-2752  
US

NEW ADDRESS

NEW ADDRESS

2. Principal Place of Business

3. Mailing Address

2155 W. MAYA PALM DRIVE

2155 W. MAYA PALM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

33432

USA

4. FEI Number

59-2126068

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

SLOSSBERG, SAUL  
1801 CLINT MOORE RD STE 201  
BOCA RATON FL 33487

NEW ADDRESS  
2155 W. MAYA PALM DR.  
BOCA RATON, FL 33432

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, 2000 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 PD ☐ Delete  
NAME SLOSSBERG, SAUL  
STREET ADDRESS 1801 CLINT MOORE RD STE 201  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE PD ☒ Change ☐ Delete  
NAME SLOSSBERG, SAUL  
STREET ADDRESS 2155 W. MAYA PALM DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #