

F57730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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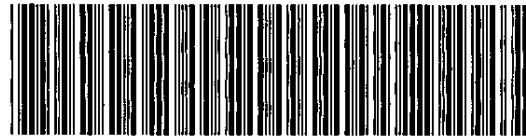
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NuPLAZA INC.
Name of Corporation

DOCUMENT NUMBER: F57730

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Schwartz
Name of Contact Person

NuPLAZA INC.
Firm/Company

2410 HALYARD DRIVE
Address

MERRICK, NY 11566
City/State and Zip Code

plsbocad@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Schwartz at (516) 2799757
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NuPLAZA INC.
2. The principal office address: 2410 HALYARD DRIVE
MERRICK, NY 11566
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/2/1981 Document number: F 57730

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ZELMA SCHWARTZ
2715 SPANISH RIVER ROAD
BOCA RATON, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TERRE EPSTEIN, CPA
4800 N. FEDERAL HIGHWAY SUITE A205
BOCA RATON, FLORIDA 33431

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

Stephanie Schwarz
Signature of an officer or director

Stephanie Schwarz Pres
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Irene A Epstein
Signature of Registered Agent
IRENE A EPSTEIN
If signing on behalf of an entity:

9-19-12

Date

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)