

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90107 014 ***150.00

DOCUMENT # F95000003573

1. Entity Name
NESAK INTERNATIONAL, INC.



Principal Place of Business
**14000 MILITARY TRAIL
208A
DELRAY BEACH FL 33484**

Mailing Address
**14000 MILITARY TRAIL
208A
DELRAY BEACH FL 33484**

2. Principal Place of Business
6772 CASA Grande Way
Suite, Apt. #, etc.

3. Mailing Address
6772 CASA Grande Way
Suite, Apt. #, etc.

City & State
Delray Beach
Zip
33447
Country

City & State
Delray Beach
Zip
33447
Country

4. FEI Number **22-2971996**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KASEN, MARTIN
14000 MILITARY TRAIL
208A
DELRAY BEACH FL 33484**

**6772 CASA Grande Way
Delray Beach FL
33447**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KASEN, MARTIN**
STREET ADDRESS **14000 MILITARY TRAIL, 208A**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **PD** ☐ Delete
NAME **KASEN, MARTIN**
STREET ADDRESS **6772 CASA Grande Way**
CITY-ST-ZIP **Delray Beach FL 33447**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if 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

3/3/03 561 498 9703

Date

Daytime Phone #

CR2E034 (10/02)