

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005852

1. Entity Name

NATIONAL CORPORATE TAX CREDIT, INC. X

3424

FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90039 046 ***550.00

Principal Place of Business

9090 WILSHIRE BLVD., SUITE 201
BEVERLY HILLS CA 90211

Mailing Address

9090 WILSHIRE BLVD., SUITE 201
BEVERLY HILLS CA 90211

ABU75005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4704258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CD ☐ Delete
NAME BOXENBAUM, CHARLES H
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

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

TITLE D ☐ Delete
NAME CASDEN, ALAN I
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

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

TITLE PD ☐ Delete
NAME NELSON, BRUCE E
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

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

TITLE V ☒ Delete
NAME WALTHER, MARK L
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE SEC ☐ Change ☒ Addition
NAME SUSSMAN, JEFFREY H
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE V ☒ Delete
NAME FONSECA, FRANK
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

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

TITLE CFO ☒ Delete
NAME PATIERNO, PAUL
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE CFO ☐ Change ☒ Addition
NAME BRIAN SHUMAN
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY-ST-ZIP BEVERLY HILLS, CA 90211

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 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

REQUIRED

Date

Daytime Phone #

CR2E034 (5/00)