

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006117

1. Entity Name

NRI OF WYOMING INC

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 032 ***550.00

Principal Place of Business

Mailing Address

PO BOX 12944
JACKSON WY 83002

PO BOX 12944
JACKSON WY 83002

2. Principal Place of Business

2825 University Drive
Suite, Apt. #, etc.
110

3. Mailing Address

P.O. Box 12944
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, Florida
Zip
33065
Country

City & State
Jackson, Wyoming
Zip
83002
Country

4. FEI Number
58-2478419

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

STANZIONE JR, VINCENT C
6116 120 TERRACE
CORAL SPRINGS FL 33076

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCDS
STANZIONE JR, VINCENT C
2404 CALLE SAN MIGUEL
ENCINITAS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6116 120 TERRACE
CORAL SPRINGS, FLORIDA 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
STANZIONE, JILL R
2404 CALLE SAN MIGUEL
ENCINITAS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6116 120 TERRACE
CORAL SPRINGS, FLORIDA 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)