

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12305

1. Entity Name

NATIONAL BUILDING & LAND CORP.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90027 033 ***150.00

Principal Place of Business

1801 CLINT MOORE RD STE 201
BOCA RATON FL 33487
US

Mailing Address

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

NEW ADDRESS

NEW ADDRESS

2. Principal Place of Business

2155 W. MAYA PALM DR.

Suite, Apt. #, etc.

3. Mailing Address

2155 W. MAYA PALM DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2259338

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

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 A.

201 CLINT MOORE RD STE 201

SUITE #214

BOCA RATON FL 33487

NEW ADDRESS:

2155 W. MAYA PALM DRIVE

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	<input type="checkbox"/> Delete
NAME	SLOSSBERG, SAUL A.	
STREET ADDRESS	1801 CLINT MOORE RD STE 201	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOSSBERG, SAUL A.	
STREET ADDRESS	2155 W. MAYA PALM DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)