

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2000 90027 033 ***150.00

DOCUMENT # G12305
 1. Entity Name
NATIONAL BUILDING & LAND CORP.

Principal Place of Business 1801 CLINT MOORE RD STE 201 BOCA RATON FL 33487 US NEW ADDRESS	Mailing Address 1801 CLINT MOORE RD STE 201 BOCA RATON FL 33487-2752 US NEW ADDRESS
--	---



DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> 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
SLOSSBERG, SAUL A.
~~**201 CLINT MOORE RD STE 201**~~
~~**SUITE #211**~~
~~**BOCA RATON FL 33487**~~

NEW ADDRESS:
2155 W. MAYA PALM DRIVE
BOCA RATON, FL
33432

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD SLOSSBERG, SAUL A. 1801 CLINT MOORE RD STE 201 BOCA RATON FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOSSBERG, SAUL A. 2155 W. MAYA PALM DRIVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)