

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G52446**

1. Entity Name  
**NUMIS CORPORATION**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90055 019 \*\*\*150.00

Principal Place of Business  
**5012 IBIS CT**  
**COCONUT CREEK FL 33073**  
**US**

Mailing Address  
**5012 IBIS CT**  
**COCONUT CREEK FL 33073**  
**US**

2. Principal Place of Business  
**1495 23 ST SW**  
Suite, Apt. #, etc.

3. Mailing Address  
**1495 23 ST SW**  
Suite, Apt. #, etc.

City & State  
**NAPLES, FL**  
Zip  
**34117**  
Country  
**USA**

City & State  
**NAPLES, FL**  
Zip  
**34117**  
Country  
**USA**

4. FEI Number **59-2482888**

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

**CARTER, JULIE**  
**5012 IBIS CT**  
**COCONUT CREEK FL 33073**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1495 23 ST SW**  
City **NAPLES** FL Zip Code **34117**

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, 2001 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**  
**FERLAZZO, HELYN**  
**11365 RABUN GAP DR.**  
**N. FT. MYERS FL 33917** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**CARTER, JULIE**  
**5012 IBIS CT 1495 23 ST SW**  
**COCONUT CREEK FL 33073 NAPLES FL 34117** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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 (10/00)