

<b>DOCUMENT # G72086</b>			
1. Entity Name <b>N.S. MANAGEMENT, INC.</b>			
Principal Place of Business <b>5432 N UNIVERSITY DR. LAUDERHILL FL 33351</b>		Mailing Address <b>5432 N UNIVERSITY DR. LAUDERHILL FL 33351</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>STEINBERG, NEIL 1036 U.S. HIGHWAY NO. 1 SUITE 223 N. PALM BEACH FL 33408</b>			Name
			Street Address (1)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE	<b>DP STEINBERG, NEIL 1036 US HWY NO 1 #223 N PALM BEACH FL</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	
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 607 of the Florida Statutes, Chapter 607, which provides that a corporation or receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		<b>SIGNATURE REQUIRED</b>	

08-02-2000 90004 009 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

112. 7. 11. 2011

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