

# 2001 UNIFORM BUSINESS REPORT (UBR)

0229453

DOCUMENT # H48532

1. Entity Name

NATIONAL BANCSHARES, INC.

FILED

01 APR 16 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19101 MYSTIC POINTE DR., #1906  
N. MIAMI BEACH FL 33180

Mailing Address

19101 MYSTIC POINTE DR., #1906  
N. MIAMI BEACH FL 33180

2. Principal Place of Business

1388 Harborview West  
Suite, Apt. #, etc.

3. Mailing Address

Same as Item No. 2  
Suite, Apt. #, etc.

City & State

Hollywood, FL 33019

City & State

Hollywood, FL 33019

Zip

Country

Zip

Country

4. FEI Number

59-1223022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEIN, BEVERLY  
19101 MYSTIC POINTE DR.  
SUITE 1906  
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name  
Lori Mishcon  
Street Address (P.O. Box Number is Not Acceptable)  
1388 Harborview West  
City  
Hollywood FL 33019

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 *Lori Mishcon*

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, BEVERLY	
STREET ADDRESS	19101 MYSTIC POINTE DR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MISHCON, LORI	
STREET ADDRESS	21171 N.E. 20TH AVE.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE		<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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori Mishcon	
STREET ADDRESS	1388 Harborview West	
CITY-ST-ZIP	Hollywood, Florida 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Lori Mishcon*

President

April 12, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)