

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74917

1. Entity Name

N.B.M. CORPORATION

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90029 009 \*\*\*158.75

Principal Place of Business

414 N. ATLANTIC AVE.  
DAYTONA BEACH FL 32118-3925

Mailing Address

414 N. ATLANTIC AVE.  
DAYTONA BEACH FL 32118-3925

2. Principal Place of Business

*Shamrock Motel*

3. Mailing Address

*414 N. ATLANTIC AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*DAYTONA BEACH FL*

City & State

*DAYTONA BEACH*

4. FEI Number

**59-2651394**

Applied For

☒ Not Applicable

Zip

*32118*

Country

*USA*

Zip

*32118*

Country

*USA*

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SODHI, M.S.  
414 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

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

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

TITLE NAME ☐ Delete  
**P**  
**SODHI, MANMOHAN SINGH**  
STREET ADDRESS **414 N. ATLANTIC AVE.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE NAME ☐ Delete  
**V**  
**SODHI, KAVAJIT K**  
STREET ADDRESS **414 N AIA**  
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE NAME ☐ Delete  
**S**  
**KAVAJIT, SODHI K.**  
STREET ADDRESS **414 N. ATLANTIC AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE NAME ☐ Delete  
**T**  
**MANMOHAN-SINGH, SODHI**  
STREET ADDRESS **414 N. ATLANTIC AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE NAME ☐ Delete  
  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: *M.S. SODHI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-16-2000*

Date

*904-252-0252*

Daytime Phone #

CR2E034 (9/99)