

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90297 017 ***150.00

DOCUMENT # H74917	
1. Entity Name	
NBM Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 Pheasant Run Ct.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State	
Zip 32127	Country	Zip	Country

94055434

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2651394		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sodhi MS	
Street Address (P.O. Box Number is Not Acceptable) 800 Pheasant Run Ct	
City Port Orange	Zip Code 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sodhi, Manmohan Singh 800 Pheasant Run Ct Port Orange, Florida - 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Sodhi, Kavaljit K 800 Pheasant Run Ct Port Orange, Florida - 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kavaljit K Sodhi 800 Pheasant Run Ct Port Orange, Florida - 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Manmohan Singh, Sodhi 800 Pheasant Run Ct Port Orange, Florida - 32127
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11.

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MSodhi

4-6-04 01-172-2260831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #