

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91143 042 ***150.00

0291309 AV

DOCUMENT # J67177

1. Entity Name
N. R. ASSOCIATES, INC.

Principal Place of Business
10576 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437

Mailing Address
10576 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 740725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOYNTON BCH FL

4. FEI Number
59-2787761

Applied For
Not Applicable

Zip

Country

Zip

Country

33474 U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FALCONE, SAMUEL J.
% NR ASSOCIATES, INC.
10576 HAGEN RANCH ROAD
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name
MESSING, ERIN P.

Street Address (P.O. Box Number is Not Acceptable)

4 INDIGO TERRACE

City
LAKE WORTH

FL

Zip Code
33460

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4.30.02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
STD
FALCONE, SAMUEL J ☒ **Delete**
10576 HAGEN RANCH RD
BOYNTON BCH FL

TITLE
PD ☐ **Delete**
MESSING, ERIN P
10576 HAGEN RANCH RD
BOYNTON BEACH FL 33437

TITLE
D ☐ **Delete**
LEVY, MADELINE
10576 HAGEN RANCH RD
BOYNTON BEACH FL 33437

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY - ST - ZIP

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

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

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

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

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

TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)