2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98076 1. Entity Name

NJ DAVIS, INC. Principal Place of Business Mailing Address SW 8TH STREET 80 SW 8TH STREET STE #2110 STE #2110 MIAMI FL 33130-3028 FL 33131 US 2.

Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90018 016 ***150.00



2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State						
					DO NOT WRITE IN THIS SPACE				
					4. FEI Number 65-0011813			plied For t Applicable	
Zip	. -	_Country ·	Zip Country		5. Certificate of Status Desired \$8:75 Additional Fee Required				
	6. Name	e and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent				
MOORE, GERALD W. 700 NE 90TH STREET MIAMI FL 33138				Name	Name				
				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
				City	1.70	FL	Zip Code	•	
8. The above	e named enti	ty submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or both, in the S	tate of Florida.			
SIGNATURE	Signature, typed	d or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signature requ	Jired when reinstating)	DATE			
• · · · · · · · · · · · · · · · · · · ·				FEE IS \$150.00 O Fee will be \$550.0 o to Department of S	i ilustruna Ci			May Be to Fees	
11. OFFICERS AND DIRECTORS				12.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, NANCY JEAN S 80 SW 8TH ST., #2110			TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE	1	 .	☐ Delete	TITLE			Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP