

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90132 030 ***150.00

DOCUMENT # K10642

1. Entity Name
NC MANAGEMENT CORP.

Principal Place of Business
50 E. SAMPLE ROAD, #302
POMPANO BEACH FL 33064

Mailing Address
50 E. SAMPLE ROAD, #302
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2866892**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TODD H MURRAY
50 E SAMPLE RD
STE 302
POMPANO BEACH FL 33064

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, 2002 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 | S | <input type="checkbox"/> Delete |
| NAME | KRITSCH, F D | |
| STREET ADDRESS | 50 E SAMPLE ROAD | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLATEN, PAUL | |
| STREET ADDRESS | 1841 NE 45TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TODD, MURRAY | |
| STREET ADDRESS | 1841 NE 45TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMMOND, THOMAS | |
| STREET ADDRESS | 1841 NE 45TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWERDLOFF, MARC | |
| STREET ADDRESS | 1841 NE 45TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCIAMANICO, MICHAEL | |
| STREET ADDRESS | 50 E. SAMPLE ROAD | |
| CITY-ST-ZIP | POMPANO BEACH FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| 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:

FRANK KRITSCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 Date

(954) 942-9997
 Daytime Phone #

CR2E034 (9/01)