

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21543

1. Entity Name

NWD VENTURES CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90021 040 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 15869  
MIAMI FL 33101-2869  
US

P.O. BOX 15869  
MIAMI FL 33101-5869  
US

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

65-0045411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRESSLY, GABY  
NW D VENTURES CORP  
P.O. BOX 015869  
MIAMI FL 33101

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS  
NAME CURTIN, VICTOR T.  
STREET ADDRESS 1638 N.W. 10TH AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE DP  
NAME CLARKSON, JOHN  
STREET ADDRESS 1638 NW 10TH AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE T  
NAME PARRISH, RICHARD  
STREET ADDRESS 1638 NW 10TH AVE.  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE ALFONSO EDUARDO  
NAME 1638 N.W. 10TH AVE  
STREET ADDRESS MIAMI, FL ☒ Change ☒ Addition  
CITY-ST-ZIP

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

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:

*Gaby Kressly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/326-6031

CR2E034 (9/99)