

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45879

1. Entity Name

NATIONAL REALTY LIABILITY ALLIANCE, INC.

Principal Place of Business

% DAVID VILLARI
800 FAIRWAY DRIVE, SUITE 290
DEERFIELD BEACH FL 33441

Mailing Address

% DAVID VILLARI
800 FAIRWAY DRIVE, SUITE 290
DEERFIELD BEACH FL 33441-1828

2. Principal Place of Business

455 Fairway Drive

Suite, Apt. #, etc.
Third Floor

3. Mailing Address

P.O. Box 2368

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Boca Raton, FL

Zip
33441

Country
USA

Zip
33427-2368

Country
USA

4. FEI Number

65-0082905

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLARI, DAVID
800 FAIRWAY DRIVE
SUITE 290
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
David Villari

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

455 Fairway Drive

Third Floor

City
Deerfield Beach

FL

Zip Code
33441

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)

1/7/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SEGAL, MERTON	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	KELLY, LEE	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CUBBIN, ROBERT	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HENRY, JOSEPH	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARRY, JAMES R SR	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COSTELLO, MICHAEL	
STREET ADDRESS	26600 TELEGRAPH RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 028 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)