

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K54474**

1. Entity Name
NUS INVESTMENTS INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 043 ***158.75

0282505 AV

Principal Place of Business
10451 NW 33 ST
STE #201-A
MIAMI FL 33172
US

Mailing Address
8525 NW 53 TERRACE
STE 206
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

7990 SW 117 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33183

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1559720**

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

MARTIN TABOR & ASSOICATES
10451 NW 33 ST
STE #201-A
MIAMI FL 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TABOR, MARTIN A**
STREET ADDRESS **10451 NW 33 ST**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

4-28-03

Date

772-463-7408

Daytime Phone #

CR2E034 (10/02)