

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90037 023 \*\*\*150.00

DOCUMENT # L91643

1. Entity Name

NOBLE ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

7320 GRIFFIN RD., SUITE 203  
DAVIE FL 33314

7320 GRIFFIN RD., SUITE 203  
DAVIE FL 33314-4105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0211730

Applied For

Not Applied

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

WILLIAMS, DIANNE  
8362 PINES BLVD., #120  
PEMBROKE PINES FL 33024

Name *Dianne Williams*

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

*7320 Griffin Rd #203*

City *Davie*

FL

Zip Code *33314*

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

*Dianne Williams* *Dianne Williams*

*2/1/2000*

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 **P** ☐ Delete  
NAME **COLVIN, GRANT L.**  
STREET ADDRESS **8362 PINES BLVD #120**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **VP** ☐ Delete  
NAME **WILLIAMS, DIANNE**  
STREET ADDRESS **8362 PINES BLVD #120**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **ST** ☐ Delete  
NAME **KENNEDY, MARGOT P.**  
STREET ADDRESS **8362 PINES BLVD #120**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dianne Williams* *Dianne Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(951) 792-9601*