

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011218 AF

DOCUMENT # L98000003022

1. Entity Name  
NICOL CAMEL USA, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:21

Principal Place of Business  
1610 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109

Mailing Address  
1610 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109-1813



2. Principal Place of Business  
5555 TAMiami TRAIL N.

3. Mailing Address  
5555 TAMiami TRAIL N.

Suite, Apt. #, etc.  
SUITE 919

Suite, Apt. #, etc.  
SUITE 919

City & State  
NAPLES FL

City & State  
NAPLES FL

Zip  
34108

Country  
USA

Zip  
34108

Country

4. FEI Number  
59-3542651

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GRANT, RICHARD C ESQ.  
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM SCARPA, ROLAND  
STREET ADDRESS 5555 TAMiami TRAIL NORTH, SUITE 919  
CITY- ST- ZIP NAPLES FL 34108 ☐ Delete

## 10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003148653-0  
CITY- ST- ZIP -02/28/00--01009--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *mf 2/23/00*  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*2/8/2000* *941 566 8133*  
Date Daytime Phone #

CR2E083 (9/99)