

Reinstatement
2000 UNIFORM BUSINESS REPORT (UBR)

5799

DOCUMENT # L99000005799

1. Entity Name
NFS MANAGEMENT LLC

Principal Place of Business : Mailing Address
3786 NW 52nd St.
Boca Raton, FL 33496

2. Principal Place of Business : 3. Mailing Address
3786 NW 52nd St. 3786 NW 52nd St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State : City & State
Boca Raton, FL Boca Raton, FL
Zip : Country Zip : Country
33496 USA 33496 USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -19 PM 3:24
300003454903--7
-11/07/00--01056--010
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE **MJH**
4. FEI Number : Applied For
65-094691 Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Kenneth Goodman
3786 NW 52nd St.
Boca Raton, FL 33496

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 : [Signature] DATE : 10-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS
TITLE : Manager ☐ Delete
NAME : Kenneth Goodman
STREET ADDRESS : 3786 NW 52nd St.
CITY-ST-ZIP : Boca Raton, FL 33496
TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

10. ADDITIONS / CHANGES
TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Change ☐ Addition
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TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :
TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

REINSTATEMENT 2000

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] Date : 10/17/00 (561) 368-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (11/99)