

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M03649

1. Entity Name

NGMC FINANCE CORPORATION, IV

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

01-20-2000 90131 042 ***150.00

Principal Place of Business

730 NW 107 AVE
MIAMI FL 33172

Mailing Address

700 NW 107TH AVENUE
MIAMI FL 33172-3161

C0007959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2433347

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

MCCAIN, DAVID B., ESQ.
700 NW 107TH AVE.
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.

SIGNATURE

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	<input type="checkbox"/> Delete
NAME	PEKOR, ALLAN J.	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVINE, PATRICIA	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MODIST, DEBRA	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAMINSKY, NANCY	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REED, LINDA	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	PDC	<input checked="" 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	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" 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

Debra Modist,
Secretary

Date

Daytime Phone #

1/14/00 (303) 229-6503

CR2E034 (9/99)