## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MO6321  1. Entity Name  N.N.N. MANAGEMENT, INC.				Apr 03, 2001 8:00 am Secretary of State 04-03-2001 90081 037 ***150.00	
Principal Plac C/O RICHARD 57 CALLE LAR HOLLYWOOD F	RGO DR	Mailing Address C/O RICHARD NORTMANN 157 CALLE LARGO DR HOLLYWOOD FL 33021		NUUZATAA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2453276 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
NORTMANN, RICHARD 2450 S. 56TH AVE. HOLLYWOOD FL 33023			Street A	Address (P.O. Box Number is Not Acceptable)  PR:  FL Zip Code	
Tax filing r	Signature, typed or printed name of registered ager pration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	e FILE NOV	OTE: Registered Agent signa V!!! FEE IS \$150. 2001 Fee will be \$ able to Departmen	550.00 Trust Fund Contribution Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD NORTMANN, RICHARD 2450 S. 56TH AVE. HOLLYWOOD FL	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  157 CALLE LARGE PA  3 3031	
TITLE NAME Street address City-St-Zip	VP NORTMANN, MARIE 2450 S. 56TH AVE. HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	157 CALLE LARGO DA 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Nortmann, Bruce 2450 S. 56th Ave. Hollywood Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	154 CALLE LARGE DR. 33021	
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITTLE VAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition  Change Addition	

13. I nereby 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 further 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 properties.

SIGNATURE:

SIGNATURE AND TYPED OR PRINYED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date