

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15920

1. Entity Name

NASH RAMBLER, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90053 015 ***150.00

Principal Place of Business

260 CRANDON BLVD
STE 14
KEY BISCAYNE FL 33149
US

Mailing Address

260 CRANDON BLVD
STE 14
KEY BISCAYNE FL 33149
US

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 65-0042876

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

SALA, A, ROSEMARY, P.A.
260 CRANDON BLVD
STE 14
KEY BISCAYNE FL 33149

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ALZAMORA VALDEZ, V.	260 CRANDON BLVD STE 14	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	ALZAMORA PRUGUE, V.	260 CRANDON BLVD STE 14	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	ALZAMORA VALDEZ, E.	260 CRANDON BLVD STE 14	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	ALZAMORA PRUGUE, LUIS	260 CRANDON BLVD STE 14	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	ALZAMORA PRUGUE, ANITA	260 CRANDON BLVD STE 14	KEY BISCAYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Date

Daytime Phone #

4/30/01 305-361-0105

0186292

CR2E034 (10/00)