

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-21-2005 90222 023 ***150.00

DOCUMENT # N04000001108 1. Entity Name NU BUILDINGS COMMERCE CENTER ASSOCIATION, INC.						
Principal Place of Business 1351 SW 4TH CT BOCA RATON, FL 33432			Mailing Address 1351 SW 4TH CT BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
NUZZO, MARK 1351 SW 4TH CT BOCA RATON, FL 33432			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>						
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
				Make check payable to Florida Department of State		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTSD NUZZO, MARK 1351 SW 4TH CT BOCA RATON, FL 33432		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE PRESIDENT LINDA ADDIS 5127 N DIXIE HWY DEB FL 33069	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NUZZO, ROSLYN 1351 SW 4TH CT BOCA RATON, FL 33432		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY MARK CIGNA 5145 N DIXIE HWY DEB FL 33069	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.						
SIGNATURE: <i>Mark Nuzzo</i>				4/15/05 561 393 6605		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		

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03182005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-2094280** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required