

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # N95000001397 (7)

1. Corporation Name

NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY OWNER
S, INC.

Principal Place of Business

Mailing Address

30500 BISCAYNE BLVD
SUITE 4420
MIAMI FL 33180

P.O. BOX 64
HALLANDALE FL 33008



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1995

3a. Date of Last Report
08/08/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1501 E. Hallandale Bch Blvd

2a Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
275

27 Suite, Apt. #, etc.

23 City & State

23 Hallandale, FL

28 City & State

28

24 Zip

24 33009

Country

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VISOLY, AVIAD

1813 N.E. MIAMI GARDENS DR. #100
MIAMI FL 33189

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1501 E. Hallandale Bch Blvd.

83

84 City

Hallandale

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D VISOLY, AVIAD P

STREET ADDRESS 1813 N.E. MIAMI GARDENS DR #100

CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME WEINSTEIN, STEVE

STREET ADDRESS 1813 N.E. MIAMI GARDENS DR #100

CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☒ DELETE

NAME PELEG, ARIELA

STREET ADDRESS 1813 N.E. MIAMI GARDENS DR #100

CITY-ST-ZIP N. MIAMI BEACH FL 33179

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1501 E. Hallandale Bch Blvd. #275

Hallandale, FL 33009

☒ Change ☐ Addition

1501 G. Hallandale Bch Blvd. #275

Hallandale, FL 33009

☒ Change ☒ Addition

IRIS Fish

1501 E. Hallandale Bch Blvd. #275

Hallandale FL 33009

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/23/97

1813 N.E. MIAMI GARDENS DR

CR2E037 (4/97)