

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

004411 AV

DOCUMENT # P00000004088

1. Entity Name
NATION NINE, INC.



FILED

03 OCT 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19503 NE 10 TH AVENUE
BLOC #4, SUITE A
MIAMI FL 33179

Mailing Address
693 NE 82ND TERR
MIAMI FL 33138



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1729 NW 81st Street

3. Mailing Address

Suite, Apt. #, etc.
Miami, Florida

Suite, Apt. #, etc.

City & State
33147 Dade

City & State

Zip Country

Zip Country

4. FEI Number 65-1001407

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

MORRIS, CARMEN
693 NE 82ND TERRACE
MIAMI FL 33138

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCMATH, CLEVELAND
STREET ADDRESS 1729 NW 81ST STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE D
NAME LARETHA BROWN
STREET ADDRESS 1100 NW 155th LN #103
CITY-ST-ZIP MIAMI, FL 33169 ☐ Change ☒ Addition

TITLE VP
NAME DORANT, TONY
STREET ADDRESS 6460 SW 25TH STREET
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

TITLE T
NAME KEINO O. Mobley
STREET ADDRESS 1100 NW 155th LN #103
CITY-ST-ZIP MIAMI, FL 33169 ☐ Change ☒ Addition

TITLE VP
NAME TOLBERT, SAM III
STREET ADDRESS 7730 NW 33 STREET
CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/20/03 01004-007 ☐ Change ☐ Addition
900023488209
10/01/03--01047--004 ***70.00

TITLE TS
NAME MORRIS, CARMEN
STREET ADDRESS 693 NE 82ND TERRACE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/20/03--01004--007 ***680.00

TITLE D
NAME WOODSIDE, LUCRICIA
STREET ADDRESS 19593 NE 10 TH AVENUE
CITY-ST-ZIP MIAMI FL 33179 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CHUCK, CHRISTOPHER A
STREET ADDRESS 857 NW 153RD STREET
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/29/03 Daytime Phone #

CR2E034 (4/03)