8/21/01-90036-015-$158.75-$158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012701

1. Entity Name

NCFP Inc.

FILED
01 SEP 20 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
625 N E Third Ave.
Ft Lauderdale, FL 33304

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
625 N E Third Ave.		P. O. Box # 025240	
Suite, Apt. #, etc. c/o Steven Squire		Suite, Apt. #, etc. JBC, GTO #5737	
City & State Ft. Lauderdale, Florida		City & State Miami, FL 33102-5240	
Zip 33304	Country USA	Zip 33102-5240	Country USA

4. FEI Number 65-1015484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Steven F Squire, Chartered
625 NE Third Avenue
Ft Lauderdale, FL 33304

7. Name and Address of New Registered Agent

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	Director ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Pauline Frances Fridovich	NAME	
STREET ADDRESS	625 NE Third Avenue	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33304	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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****400.00 ****400.00

CR2E034 (11/00)

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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: Pauline Frances Fridovich 8/14/01 (954) 288-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pauline Frances Fridovich