

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90096 018 \*\*\*150.00

**DOCUMENT # P00000025114**

1. Entity Name  
**NLS REALTY, INC.**

Principal Place of Business

**9115 N.W. 13TH AVE.  
MIAMI FL 33147**

Mailing Address

**9115 N.W. 13TH AVE.  
MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 552304**

Suite, Apt. #, etc.

**CORAL CITY**

City & State

**FLORIDA**

Zip

**33055**

Country

**U.S.A**

City

**FL**

Zip Code

**33055**

Country

**U.S.A**

City

**FL**

Zip Code

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Zip Code

**33055**

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**U.S.A**

City

**FL**

Zip Code

**33055**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORD, LIZZIE  
7331 NORTH MIAMI AVE.  
MIAMI FL 33150**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAIN, LINDA</b>	
STREET ADDRESS	<b>9115 N.W. 13TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>Manager-Director</b>	<input type="checkbox"/> Delete
NAME	<b>NAOMI L Smith</b>	
STREET ADDRESS	<b>2230 N.W. 174 TERRACE</b>	
CITY-ST-ZIP	<b>OPA LOCKA FLORIDA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

**Naomi L Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-2001 305.625-1102**

Date

Daytime Phone #

CR2E034 (10/00)