

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 033 ***150.00

DOCUMENT # P000000 27306

1. Entity Name
NLC INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
260 SE MIZNER BLVD

Suite, Apt. #, etc.
612

City & State
BOCA RATON FL

Zip
33432

Country
USA

3. Mailing Address
260 SE MIZNER BLVD

Suite, Apt. #, etc.
612

City & State
BOCA RATON FL

Zip
33432

Country
USA

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4. FEI Number 651015713
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
URCIVOLI, GUY

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

260 SE MIZNER BLVD #612

City BOCA RATON FL Zip Code 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
URCIVOLI, GUY
260 SE MIZNER BLVD #612
BOCA RATON FL 33432

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Guy Urcivoli Guy Urcivoli, Pres 5-6-02 561-361-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)