

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047284

1. Entity Name
NAOMI INTERNATIONAL, INC.

Principal Place of Business
14249 SPORTS CLUB WAY
ORLANDO FL 32837

Mailing Address
14249 SPORTS CLUB WAY
ORLANDO FL 32837

APPROVED
AND
FILED

01 OCT -4 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

11350 Space Blvd.

Suite, Apt. #, etc.

Unit #1

City & State

Orlando, FL

Zip

32837

Country

USA

EP

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-3650095

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

MENAGED, GENEVIEVE
14249 SPORTS CLUB WAY
ORLANDO FL 32837

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MENAGED, YITCHAK
14249 SPORTS CLUB WAY
ORLANDO FL 32837 ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Yitchak Menaged 9/1/01 (47)825-9090
Date: 9/1/01 Daytime Phone #

CR2E034 (5/01)