

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063836

1. Entity Name

NMU ASSOCIATES, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90076 016 ***150.00

Principal Place of Business

Mailing Address

9727 NEW RIVER CANAL ROAD, #630
PLANTATION FL 33324

9727 NEW RIVER CANAL ROAD, #630
PLANTATION FL 33324

00020135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2600 Island Blvd

2600 Island Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1801

Suite 1801

City & State

City & State

Aventura, FL

Aventura FL

Zip

Country

33160

USA

Zip

Country

33160

USA

4. FEI Number

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

FEIBUSH, NATALIE U
9727 NEW RIVER CANAL ROAD, #630
PLANTATION FL 33324

Name FEIBUSH, NATALIE UMBERT

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

2600 Island Blvd #1801

City Aventura

FL

Zip Code 33160

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	FEIBUSH, NATALIE	9727 NEW RIVER CANAL ROAD, #630 PLANTATION FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P/D	FEIBUSH, NATALIE UMBERT	2600 ISLAND BLVD #1801 AVENTURA, FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Natalie Umbert Feibus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 (305) 466-7004
Date Daytime Phone #

CR2E034 (10/00)