

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90113 038 ***150.00

DOCUMENT # P00000068797

1. Entity Name
N & B REALTY, INC.



Principal Place of Business
**437 GOLDEN ISLES DRIVE
APT 16E
HALLANDALE FL 33009
US**

Mailing Address
**437 GOLDEN ISLES DRIVE
APT 16E
HALLANDALE FL 33009
US**



2. Principal Place of Business
3061 Exeter D
Suite, Apt. #, etc.

3. Mailing Address
3061 Exeter D
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-1031157**

Applied For

Not Applicable

Zip **FL 33401** Country **USA**

Zip **33434** Country **USA**

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

**KEWOWICZ, MIRIAM
437 GOLDEN ISLES DRIVE
APT 16E
HALLANDALE FL 33009**

Name **Lewkowicz, MIRIAM**
Street Address (P.O. Box Number is Not Acceptable)
3061 Exeter D
City **Boca Raton** **FL** Zip Code **33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Miriam Lewkowicz
Signature, typed or printed name of registered agent and title if applicable.

Miriam Lewkowicz
(NOTE: Registered Agent signature required when reinstating)

3/2/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEWKOWICZ, MIRIAM**
STREET ADDRESS **437 GOLDEN ISLES DRIVE APT 16E**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **DP** ☒ Change ☐ Addition
NAME **Lewkowicz, MIRIAM**
STREET ADDRESS **3061 Exeter D**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Lewkowicz, ABRAHAM**
STREET ADDRESS **3061 Exeter D**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Miriam Lewkowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miriam Lewkowicz 3/2/03
Date

Daytime Phone #

CR2E034 (10/02)