

FILED
 May 23, 2001 8:00 am
 Secretary of State

05-23-2001 91174 036 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

A0071265

DO NOT WRITE IN THIS SPACE

DOCUMENT # R000000715729

1. Entity Name
NOMIS TECHNOLOGIES, INC.

Principal Place of Business: FLORIDA AND NEW JERSEY
 Mailing Address: FLORIDA AND NEW JERSEY

2. Mailing Address
PO Box 7154

City & State: NORTH BRUNSWICK, NJ
 City & State: NORTH BRUNSWICK, NJ
 Zip: 08902 Country: US Zip: 08902 Country: US

4. FEI Number: 58-256686
 Applied For: Not Applicable:

3. 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
 Name: JEFFREY SIMON
 Street Address (P.O. Box Number is Not Acceptable):
13220 SW 95 AVE
 City: Miami FL Zip Code: 33176

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] [Signature] [Signature]

This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. NAME	<u>JEFFREY SIMON</u>	TITLE	<u>DIRECTOR</u>
11. STREET ADDRESS	<u>13220 SW 95 AVE</u>	11. NAME	<u>JEFFREY SIMON</u>
11. CITY-STATE-ZIP	<u>Miami, FL 33176</u>	11. STREET ADDRESS	<u>13220 SW 95 AVE</u>
11. DATE	<input type="checkbox"/>	11. CITY-STATE-ZIP	<u>Miami, FL 33176</u>
11. NAME	<u>JONATHAN SIMON</u>	TITLE	<u>PRESIDENT</u>
11. STREET ADDRESS	<u>PO BOX 7154</u>	11. NAME	<u>JONATHAN SIMON</u>
11. CITY-STATE-ZIP	<u>NORTH BRUNSWICK, NJ 08902</u>	11. STREET ADDRESS	<u>PO BOX 7154</u>
11. DATE	<input type="checkbox"/>	11. CITY-STATE-ZIP	<u>NORTH BRUNSWICK, NJ 08902</u>
11. NAME		TITLE	
11. STREET ADDRESS		11. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
11. DATE	<input type="checkbox"/>	11. CITY-STATE-ZIP	
11. NAME		TITLE	
11. STREET ADDRESS		11. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
11. DATE	<input type="checkbox"/>	11. CITY-STATE-ZIP	
11. NAME		TITLE	
11. STREET ADDRESS		11. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
11. DATE	<input type="checkbox"/>	11. CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information disclosed 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 a person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 11 or block 12 if listed, or on an attachment with an address, with all other filers empowered.

NATURE: [Signature] [Signature] [Signature] Date: 5/10/01 305-885-8651

NOTE: NO FORM 120267000.

05/18/01 WED 08:12 [TX/RX NO 76631]

05/17/01 THU 06:38 [TX/RX NO 77571]