2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
06-04-2001 90015 038 ***150.00

DOCUMENT # P00000077377

1. Entity Name

NUFAWI PRODUCTIONS II, INC.

75985

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
463 GLENWOOD DRIVE. WEST PALM BEACH, FL 33415	463 GLENWOOD DRIVE WEST PALM BEACH, FL 33415

2. Principal Place of Business	3. Mailing Address
463 GLENWOOD DR. Suite, Apt. #, etc.	463 GLENWOOD DR. Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL 33415
Zip: 33415 Country: PALM BEACH	Zip: 33415 Country: PALM BEACH

4. FEI Number: 65-1033956 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOIS ANDERSON
463 GLENWOOD DR.
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

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: Lois Anderson — July 2/2001
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! After MAY 1, 2001 Make Check Payable to Department of State~~ ~~FEE IS $150.00 Fee will be $400.00~~

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	President/Treasurer Lois Anderson 463 Glenwood Dr. West Palm Beach, Fl 33415	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer ~~Florence Choice~~ Christopher Byrd 463 Glenwood Dr. West Palm Beach, Fl 33415	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Lois Anderson P/T 4/6/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date