

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086694

1. Entity Name
NIBO GROUP AMERICA, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90009 010 ***150.00

Principal Place of Business
8800 49TH ST. N. STE 312
PINELLAS PARK FL 33782

Mailing Address
8800 49TH ST. N. STE 312
PINELLAS PARK FL 33782

moved
2. Principal Place of Business
6537-116 Av. N.

3. Mailing Address
6537-116 Av. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33773

U.S.A.

33773

USA

6. Name and Address of Current Registered Agent

4. FFL Number
59-3663293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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
PT
COLE, FRANCESCA
3200 81ST ST N
ST PETERSBURG FL 33710 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COLE, ROBERT
3200 81ST ST N
ST PETERSBURG FL 33710 ☐ Delete

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

TITLE
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☐ Delete

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

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

Date

Daytime Phone #

04-26-01 (727) 541-2575

CR2E034 (10/00)