

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 JAN 14 PM 2:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000108065**

1. Entity Name

**N R M ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

900010067679  
01/14/03--01028--017 \*\*300.00

2. Principal Place of Business

**410 NW 68TH AVENUE**

Suite, Apt. #, etc.

**418**

City & State

**PLANTATION, FL**

Zip

**33317**

Country

**USA**

3. Mailing Address

**410 NW 68TH AVENUE**

Suite, Apt. #, etc.

**418**

City & State

**PLANTATION, FL**

Zip

**33317**

Country

**USA**

**2002-2003 UBR**

4. FEI Number

**65-1054883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**NAOMI MEISELS**

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

**410 NW 68TH AVENUE, STE. 418**

City

**PLANTATION**

**FL**

Zip Code

**33317**

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.

**NAOMI MEISELS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-3-03**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NAOMI MEISELS  
410 NW 68TH AVENUE, STE. 418  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
YEHUDA MEISELS  
410 NW 68TH AVENUE, STE. 4  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NAOMI MEISELS**

Date

**954-785-8419**  
Daytime Phone #

CR2E034B (12/01)

242

**N R M Enterprises, Inc.**  
**410 NW 68<sup>th</sup> Avenue, Ste. 418**  
**Plantation, FL 33317.**

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01-03-03

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: P00000108065**

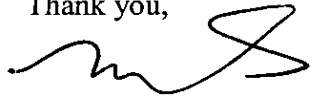
To Whom It May Concern:

It has just come to my attention that my corporation has been dissolved for not filing a Uniform Business Report for 2002.

The mailing address that you had for my company was wrong and I never received my renewal forms.

I have enclosed a blank report that I have filled out along with the filing fees for last year and this year. Please reinstate my company and update my address information.

Thank you,



Naomi Meisels  
Director