

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109590

1. Entity Name

NHCGI, Inc.

FILED

02 OCT 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 2021 East Avenida Del Sol

3. Mailing Address

2021 East Avenida Del Sol

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23 Phoenix AZ

27 City & State

Phoenix, AZ

4. FEI Number

65-1057223

Applied For

Not Applicable

Zip County

24 85024

25 Maricopa

28 Zip

85024

County

Maricopa

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

Mark F. Booth Esq.
1401 East Broward Boulevard #300
Fort Lauderdale, FL 33301

81 Corporate Creations Network Inc.

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

83 941 Fourth Street

84 Miami Beach

FL 33139

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of applicable

Randy Fernandez, Vice President

10/28/02

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, 2000 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 ☐ DELETE
NAME Alan Abrams
STREET ADDRESS 2021 East Avenida Del Sol
CITY-ST-ZIP Phoenix, AZ 85024

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
900008878603
11/07/02--01071--029 **300.00

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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 or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Abrams, President by R.A. Fernandez as attorney-in-fact

Date

10/28/02

Daytime Phone #

2/ 10/19/02

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: NHCGL, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. (01-02)
Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Alan Abrams

President

Date: 10/28/2002