

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037375

1. Entity Name

NBG ENTERPRISES, INC.

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91132 045 ***150.00

Principal Place of Business

2225 NW 13TH ST
 GAINESVILLE FL 32609

Mailing Address

4511 SHERWOOD TRACE
 GAINESVILLE FL 32605

2. Principal Place of Business

215 NW 13th St

Suite, Apt. #, etc.

3. Mailing Address

3706 NW 43rd Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

Zip

32605

Country

Alachua

City & State

Gainesville, FL

Zip

32606

Country

4. FFI Number

59-3733289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUTCH, SAMUEL A

2114 NW 40TH TERR STE A-1

GAINESVILLE FL 32605

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOUGHANNAM, NIDAL	
STREET ADDRESS	2114 NW 40TH TERR STE A-1	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

352 322 7700

Day

Daytime Phone #

CR2E034 (9/01)