

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90561 001 \*\*\*150.00

**DOCUMENT # P01000115330**

1. Entity Name

**GROUP NEXUS ONE, INC.**

Principal Place of Business

**520 N.W. 26TH STREET  
 MIAMI FL 33127**

Mailing Address

**520 N.W. 26TH STREET  
 MIAMI FL 33127**

2. Principal Place of Business

**67 NE 17 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**67 NE 17 TERRACE**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33127**

Country

**US**

Zip

**33127**

Country

**US**

4. FEI Number

**01-0559975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SERBE, DANIEL J ESQ.**

**TURNBERRY PLAZA, SUITE 801**

**2875 N.E. 191ST STREET**

**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **SERBER, DANIEL J**

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

**TURNBERRY PLAZA SUITE 801**

**2875 N.E. 191ST STREET**

City

**AVENTURA**

**FL**

Zip Code

**33180**

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]*

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOCHEN, CARLOS</b>	
STREET ADDRESS	<b>520 N.W. 26TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOCHEN, FANNIE</b>	
STREET ADDRESS	<b>520 N.W. 26TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

Date

**(305) 576-9866**

Daytime Phone #

CR2E034 (9/01)