

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91115 022 ***150.00

DOCUMENT # P01000115389

1. Entity Name
National Business Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 W. Camino Real

Suite, Apt. #, etc.

Suite 310

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Address

- same -

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

LS-1157500

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

Norman Benjamin

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

7100 W. Camino Real

Suite 310

City

Boca Raton

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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

Norman Benjamin

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)

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	DIP Terence Atty 7100 W. Camino Real Suite 310 Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman Benjamin 7100 W. Camino Real Suite 310 Boca Raton, FL 33433
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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:

Norman Benjamin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(561) 347-1432

Daytime Phone #

CR2E034B (12/01)