

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

2003

FILED

DOCUMENT # 02000021379

1. Entity Name

NOMADE CONSULTING INC.



04 APR 21 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2031 Meridian Ave.

Suite, Apt. #, etc.

3. Mailing Address

2031 Meridian Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

City & State

Miami Beach, FL

Zip

33139

Country

USA

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

4/21/04 01048 001 300.

4. FEI Number

37-1421660

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

Hassan Benjelloun

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

2031 Meridian Ave., Suite 1

City

Miami Beach

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: HASSAN BENJELLOUN
STREET ADDRESS: 2031 Meridian Ave., Suite 1
CITY-ST-ZIP: Miami Beach, FL 33139

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2004

Date

786-261-0138

Daytime Phone #

CR2E034B (12/02)

JUSTIN-CRAIG LTD., INC.

April 17, 2004

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

Re: Nomade Consulting, Inc.
Document #P02000021379

To Whom It May Concern;

I am the accountant for the above referenced taxpayer. The Annual Report for 2003 for the above referenced corporation was originally mailed in April 2003 along with a check in the amount of \$150.00. My client never received a second notice, nor an Application for Reinstatement. Upon receiving their bank records for the year 2003, I discovered that the check from April was never negotiated. I personally mailed this report and check in April from my office.

Per a phone conversation with a gentleman in the reinstatement department. I was told to send a letter explaining this. He said the annual report would be accepted and processed for the original \$150.00 filing fee upon receipt. Enclosed please find the annual reports for 2003 and 2004 along with a check in the amount of \$300.00 for both years filing fees.

I respectfully request the acceptance of this filing and that the corporation be show as active.

Sincerely,



Barbara R. Lambert, EA

enclosures