FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90226 040 ***150.00

DOCUMENT # P02000065700

1. Entity Name
N.G.M. Holding Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8 Crafton Ct.	338 Route 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast Fl.	City & State: Somers N.Y.
Zip: 32137 Country: USA	Zip: 10589 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 42-1539790 ☐ 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: Michael D. Chiumento Esq

Street Address (P.O. Box Number is Not Acceptable): 4 Old Kings Road North Suite B

City: Palm Coast FL Zip Code: 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P NAME Nicholas Lupinacci STREET ADDRESS 8 Crafton Ct. CITY-ST-ZIP Palm Coast Fl. 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME Michael J. Mazzola STREET ADDRESS 338 Route 100 CITY-ST-ZIP Somers, NY 10589	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Michael J. Mazzola 4/30/03 914-277-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #