

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90159 019 ***150.00

DOCUMENT # P02000091063

1. Entity Name
NEMANIAN, INC.



Principal Place of Business
4521 NE 197TH STREET
CORAL CITY FL 33055

Mailing Address
4521 NE 197TH STREET
CORAL CITY FL 33055



2. Principal Place of Business

3. Mailing Address

2326 Shy 31st Ave 3326 SN 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hallandale, FL

City & State
Hallandale, FL

4. FEI Number
33-1019823

Applied For
Not Applicable

Zip
33009

Country
Bonard

Zip
33009

Country
Bonard

5. Certificate of Status Desired ☐ **\$8.75. Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAKERDALE LAKES FL 33319

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
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FLACCADORI, NESTOR C
4521 NE 197TH STREET
CORAL CITY FL 33055

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☐ Change ☐ Addition

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 Block 11 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

Date

Daytime Phone #

March 5th, 03 (954) 989-5609

CR2E034 (10/02)