2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90789 006 ***150.00

DOCUMENT # P02000104499

1. Entity Name
NRK PROPERTY, INC.

Principal Place of Business	Mailing Address
9600 W SAMPLE ROAD SUITE 507 CORAL SPRINGS FL 33065	9600 W SAMPLE ROAD SUITE 507 CORAL SPRINGS FL 33065

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
875 CORAL RIDGE DR.	875 CORAL RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33071 Country:	Zip: 33071 Country:

4. FEI Number 54-2082408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name: J.R. McGLYNN
Street Address (P.O. Box Number is Not Acceptable): 9600 W. SAMPLE RD SUITE 507
City: CORAL SPRINGS FL Zip Code: 33065

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] J.R. McGLYNN 4-11-03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BICI, ROBERT		NAME		
STREET ADDRESS	9600 W SAMPLE ROAD SUITE 507		STREET ADDRESS	10741 NW 5 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME			NAME	BICI, NILA	
STREET ADDRESS			STREET ADDRESS	10741 NW 5 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4/10/03 (954) 972-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)