

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90410 043 \*\*\*150.00

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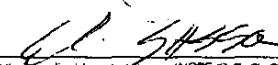
CR2E034B (12/01)

**DOCUMENT #** P03000020961  
**1. Entity Name** N. F. H., INC.

**2. Principal Place of Business** 19410 NE 19th AVE.  
**3. Mailing Address**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4. City & State** NORTH MIAMI BEACH, FL  
**5. Zip** 33179 **Country** MIAMI DADE

**4. FEI Number** 65-1175198 **Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**


**7. Name and Address of Current Registered Agent**  
**Name** ELIAHU SASSON  
**Street Address (P.O. Box Number is Not Acceptable)** 19410 NE 19th AVE.  
**City** NORTH MIAMI BEACH **FL** **Zip Code** 33179

**6. 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**  **4/26/04**  
**Signature, typed or printed name of registered agent and title if applicable** ELIAHU SASSON **DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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**

i. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT / DIRECTOR	TITLE	
NAME	ELIAHU SASSON	NAME	
STREET ADDRESS	19410 NE 19th AVE.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **4/26/04 954-3949991**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** ELIAHU SASSON **Date** **Daytime Phone #**