

AMENDED

091800

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P03840

1. Entity Name

NEHOLD, INC.

00 SEP 20 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

124 EAST COLONIAL DR.
ORLANDO FL 32801

Mailing Address

124 EAST COLONIAL DR.
ORLANDO FL 32801-1200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2655705

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KANTOR, HAL H. ESQUIRE
215 N. EOLA DRIVE
ORLANDO FL 32802

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	☐ Delete
NAME	MAYER, RINA	
STREET ADDRESS	21 RUE MONT BLANC	
CITY-ST-ZIP	1201 GENEVA SW	
TITLE	D	☐ Delete
NAME	LEITERSDORF, JONATHAN	
STREET ADDRESS	80 FIFTH AVE - 18TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ Delete
NAME	AVNAT, JOSEPH	
STREET ADDRESS	21 RUE DU MONT BLANC	
CITY-ST-ZIP	1201 GENEVA SW	
TITLE	DVST	☒ Delete
NAME	ELGAR, SHNEUR	
STREET ADDRESS	124 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	Leitersdorf, Jonathan	
STREET ADDRESS	124 E. Colonial Drive	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #

9/01/00

407-849-0371

CR2E034 (9/99)