

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18829

1. Entity Name
NAILITE INTERNATIONAL, INC.

Principal Place of Business
1251 N.W. 165TH STREET
MIAMI FL 33169-5871

Mailing Address
1251 N.W. 165TH STREET
MIAMI FL 33169-5871

2. Principal Place of Business
1111 N.W. 165th Street
Suite, Apt. #, etc.

3. Mailing Address
1111 N.W. 165th Street
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33169-5819

City & State
Miami, FL
Zip
33169-5819

4. FEI Number 59-2906449

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSERMAN, HOWARD 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GINTER, DAVID J 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCIARRABBA, VINCENT 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEEDMAN, DAVID 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROUSE, RODGER 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDER, MARC 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 N.W. 165th Street Miami, FL 33169-5819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 N.W. 165th Street Miami, FL 33169-5819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1111 N.W. 165th Street Miami, FL 33169-5819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SDV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TDV

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 another like empowered.

SIGNATURE: *David M. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Clark

Date

4/27/01 305-620-6200

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90972 033 ***150.00

540320



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

* See Attachment

ATTACHMENT

Document
P 18829

546308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	TERRY, CLARENCE E.
Street Address	5355 TOWN CENTER ROAD, SUITE 802
City-State-Zip	BOCA RATON, FL 33486
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	KALB, MICHAEL
Street Address	5355 TOWN CENTER ROAD, SUITE 802
City-State-Zip	BOCA RATON, FL 33486
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	LIFF, M. STEVEN
Street Address	5355 TOWN CENTER ROAD, SUITE 802
City-State-Zip	BOCA RATON, FL 33486
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	CALHOUN, KEVIN
Street Address	5355 TOWN CENTER ROAD, SUITE 802
City-State-Zip	BOCA RATON, FL 33486
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	COUCH, C. DERYL
Street Address	5355 TOWN CENTER ROAD, SUITE 802
City-State-Zip	BOCA RATON, FL 33486
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	HEISLER, SUSAN
Street Address	670 18TH STREET
City-State-Zip	MANHATTAN BEACH, CA 92066
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	PRUSIA, STERLING
Street Address	1890 PALOMINO AVENUE
City-State-Zip	UPLAND, CA 91784
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	CLARK, DAVID
Street Address	1111 N.W. 165TH STREET
City-State-Zip	MIAMI, FL 33169
Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	WATSON, KATHY L.
Street Address	1111 N.W. 165TH STREET
City-State-Zip	MIAMI, FL 33169