

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90149 038 ***550.00

0289250 AV

DOCUMENT #	P18829
1. Entity Name NAILITE INTERNATIONAL, INC.	



Principal Place of Business 1111 NW 165TH STREET MIAMI FL 33169-5819	Mailing Address 1111 NW 165TH STREET MIAMI FL 33169-5819
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSERMAN, HOWARD 1111 NW 165TH STREET MIAMI FL 33169-5819 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERRY, CLARENCE E 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCIARRABBA, VINCENT 1111 NW 165TH STREET MIAMI FL 33169-5819 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPINKA, ALLEN J 1111 NW 165TH STREET MIAMI FL 33169-5819 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV KROUSE, RODGER 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV LEDER, MARC 5355 TOWN CENTER ROAD., STE 802 BOCA RATON FL 33486 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE HODGES 20 W MARKET ST YORK, PA 17403 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D JOSEPH G. MAY 1325 MORRIS DR STE 205 WAYNE, PA 19087 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/N/D CHRISTOPHER A. LAWLER 1325 MORRIS DR STE 205 WAYNE, PA 19087 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN C GRAHAM 1325 MORRIS DR STE 205 WAYNE, PA 19087 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSHUA M. WILSON 1325 MORRIS DR STE 205 WAYNE, PA 19087 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS HALL 1325 MORRIS DR STE 205 WAYNE, PA 19087 ☐ 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: Allen J Spinka **6/6/03 3056206200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

COPY

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18829 1. Entry Name NABITE INTERNATIONAL, INC.			
Principal Place of Business 1111 NW 165TH STREET MIAMI, FL 33169-5819		Mailing Address 1111 NW 165TH STREET MIAMI, FL 33169-5819	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. The above named entry 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. (If Current Registered Agent Signature required when changing)			
8. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete PD WASSERMAN, HOWARD 1111 NW 165TH STREET MIAMI, FL 33169-5819	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition KATHY L. WATSON 1111 NW 165TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Delete DV TERRY, CLARENCE E 6365 TOWN CENTER ROAD, STE 802 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition JOHN PERRY 1111 NW 165TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Delete V SCIARRABBA, VINCENT 1111 NW 165TH STREET MIAMI, FL 33169-5819	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete V SPINKA, ALLEN J 1111 NW 165TH STREET MIAMI, FL 33169-5819	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Delete SDV KROUSE, RODGER 6365 TOWN CENTER ROAD, SUITE 802 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Delete TDV LEDER, MARC 6365 TOWN CENTER ROAD, STE 802 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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)(D), 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 files empowered.			
SIGNATURE: <u>Allen J. Spinka</u> <u>Allen J. Spinka</u> 6/6/03 3056206200			

80126362

CHECK HERE IF MAKING CHANGES

 4. FEI Number **59-2908449** Applied For Not Applicable

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

CRF0304 (10/02)