

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19049

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90155 031 ***150.00

1. Entity Name

NATIONAL ENVIRONMENTAL PRODUCTS, LTD., INCORPORATED

Principal Place of Business

505 NW 65TH COURT
104
FORT LAUDERDALE FL 33309
US

Mailing Address

505 NW 65TH COURT
104
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

38 South Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite 6

City & State

Dania Florida

City & State

Zip

33004

Country

USA

Zip

Country

4. FEI Number

52-1571586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, JASON
505 NW 65TH COURT
SUITE 104
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

38 South Federal Highway

Suite 6

City

Dania

FL

Zip Code

33004

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAUSS, LOUIS	
STREET ADDRESS	6072 WAVERLY ST	
CITY-ST-ZIP	MONTREAL QU	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOPEL, ZEV	
STREET ADDRESS	105 SILVERBIRCH	
CITY-ST-ZIP	DOLLARD DES ORMEAUX, P	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAUSS, JASON	
STREET ADDRESS	2519 SUGARLOAF LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7667 Rue SAINT-HUBERT	
CITY-ST-ZIP	MONTREAL QUEBEC H2K 2N7	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 redever of 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/2001 954 920 1182

CR2E034 (10/00)