

P200000 11960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

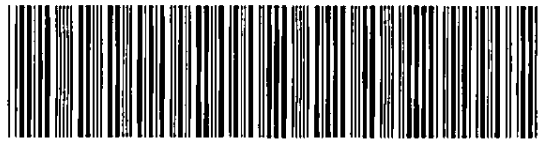
(Business Entity Name)

(Document Number)

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12/28/23--01005--012 \*\*35.00

FILED  
2023 DEC 28 PM 10:51

A13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NBI ENTERPRISES, INC

DOCUMENT NUMBER: P20000011960

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKLOS ANDRASI

Name of Contact Person

NBI ENTERPRISES, INC

Firm/ Company

19201 COLLINS AVE - UNTI # 724

Address

SUNNY ISLES BEACH,, FL 33160

City/ State and Zip Code

MIKLOSANDRASI@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKLOS ANDRASI at ( 941 ) 504-9937  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

NBI ENTERPRISES, INC

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

DEC 28 AM 10:51

P20000011960

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input type="checkbox"/> Remove            | <u>V</u>  | <u>Mike Jones</u>  |
| <input type="checkbox"/> Add               | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 2) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 3) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 4) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 5) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 6) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

CORRECTION TO (EMPLOYER IDENTIFICATION NUMBER) (EIN)

CORRECT EIN # FOR NBI ENTERPRISES, INC IS - (32-0622337)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

Dated 10/26/2023 \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIKLOS ANDRASI

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
NBI ENTERPRISES INC

### Filing Information

**Document Number** P20000011960  
**FEI/EIN Number** 32-0600337  
**Date Filed** 02/03/2020  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT  
**Event Date Filed** 07/06/2023  
**Event Effective Date** NONE

— CORRECT EIN<sup>#</sup> IS 32-0622337

### Principal Address

19201 COLLINS AVE  
UNIT #724  
SUNNY ISLES BEACH, FL 33160

Changed: 07/06/2023

### Mailing Address

19201 COLLINS AVE  
UNIT #724  
SUNNY ISLES BEACH, FL 33160

Changed: 07/06/2023

### Registered Agent Name & Address

ANDRASI, MIKLOS  
19201 COLLINS AVE  
UNIT #724  
SUNNY ISLES BEACH, FL 33160

Name Changed: 07/06/2023

Address Changed: 07/06/2023

### Officer/Director Detail

**Name & Address**

Title P

NIKLOS, ANDRAS  
19201 COLLINS AVE #724  
SUNNY ISLES BEACH, FL 33160

Title V

ANDRASI, MIKLOS  
5206 Station Way  
SARASOTA, FL 34233

Annual Reports

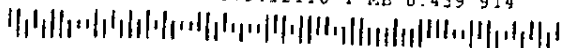
| Report Year | Filed Date |
|-------------|------------|
| 2021        | 04/27/2021 |
| 2022        | 04/23/2022 |
| 2023        | 04/13/2023 |

Document Images

|   |  |
|---|--|
| <a href="#">07/16/2023 -- Amendment</a>       | <a href="#">View image in PDF format</a> |
| <a href="#">04/17/2023 -- ANNUAL REPORT</a>   | <a href="#">View image in PDF format</a> |
| <a href="#">04/23/2022 -- ANNUAL REPORT</a>   | <a href="#">View image in PDF format</a> |
| <a href="#">04/27/2021 -- ANNUAL REPORT</a>   | <a href="#">View image in PDF format</a> |
| <a href="#">07/20/2020 -- Amendment</a>       | <a href="#">View image in PDF format</a> |
| <a href="#">02/03/2020 -- Domestic Profit</a> | <a href="#">View image in PDF format</a> |

IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

002464.229160.313579.12110 1 MB 0.439 914



NBI ENTERPRISES INC  
% ANDRAS NIKLOS  
5654 MARQUESAS CIR  
SARASOTA FL 34233

Date of this notice: 03-04-2020

Employer Identification Number:  
32-0622337

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 32-0622337. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120  
Form 944  
Form 940

04/15/2021  
01/31/2021  
01/31/2021

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

(IRS USE ONLY)

575A

03-04-2020 NBIE B 0235986226 SS-4



002464

Keep this part for your records.

CP 575 A (Rev. 1-2013)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

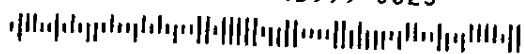
CP 575 A

0235986226

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 03-04-2020  
EMPLOYER IDENTIFICATION NUMBER: 32-0622337  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023



NBI ENTERPRISES INC  
% ANDRAS NIKLOS  
5654 MARQUESAS CIR  
SARASOTA FL 34233