

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000005928****1. Entity Name**
NOSLEN, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90351 017 ***150.00

Principal Place of Business**Mailing Address****551 MADISON AVE.**
#300
NEW YORK NY 10022
US**P.O. BOX 57**
DENVER NY 12421
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****TALLAHASSEE FL****Zip****Country****USA****Zip****Country****4. FEI Number** **59-3165593**

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****NRAI SERVICES, INC.**
526 E. PARK AVE.
TALLAHASSEE FL 32301**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** **P** ☐ Delete
NAME **BLACKSTOCK, JOANN**
STREET ADDRESS **36 RODERICK RD.**
CITY-ST-ZIP **W. ISLIP NY 11795****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **S** ☐ Delete
NAME **CHARRON, ANGELA**
STREET ADDRESS **729 TANGLEWOOD RD.**
CITY-ST-ZIP **W. ISLIP NY 11795****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **AS** ☐ Delete
NAME **BERNSTEIN, RICHARD K**
STREET ADDRESS **551 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANN BLACKSTOCK

Date

2/27/01

Daytime Phone #

212-750-0544

CR2E034 (10/00)