

DOCUMENT # P930000Q9549

1. Entity Name
NISSIM CORP.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90042 015 ***150.00

Principal Place of Business Mailing Address
3207 CLINT MOORE RD 3207 CLINT MOORE RD
205 205
BOCA RATON FL 33496 BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
18457 LONG LAKE DRIVE 18457 LONG LAKE DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON FL BOCA RATON FL
Zip Zip Country Country
33496 33496 USA USA

4. FEI Number 65-0388339 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
ABECASSIS, MAX
3207 CLINT MOORE RD #205
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
Name ABECASSIS, MAX
Street Address (P.O. Box Number is Not Acceptable)
18457 LONG LAKE DRIVE
City BOCA RATON FL Zip Code 33496

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 1-08-01
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. ☐ 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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABECASSIS, MAX			NAME	ABECASSIS, MAX		
STREET ADDRESS	3207 CLINT MOORE RD #205			STREET ADDRESS	18457 LONG LAKE DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33496			CITY-ST-ZIP	BOCA RATON FL 33496		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 1-8-01 561-470-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #