

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90152 012 ***150.00

DOCUMENT # P93000013083

1. Entity Name

N.B.C. LEISURE, INC.

Principal Place of Business

10031 PINES BLVD
 STE 225
 PEMBROKE PINES FL 33024
 US

Mailing Address

10031 PINES BLVD
 STE 225
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business

10031 PINES BLVD

Suite, Apt. #, etc.

222

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

3. Mailing Address

10031 PINES BLVD

Suite, Apt. #, etc.

222

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0390385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KOPROWSKI, PAUL A CPA
 10031 PINES BLVD. STE. 224
 PEMBROKE PINES FL 33024**

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.

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	PD	<input type="checkbox"/> Delete
NAME	JACOBS, BARRY	
STREET ADDRESS	325 NW 109 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBS, CLAUDIA	
STREET ADDRESS	325 NW 109 AVE	
CITY-ST-ZIP	PEMBROKE PINES 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY L. JACOBS	
STREET ADDRESS	10031 PINES BLVD #222	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VT0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIA JACOBS	
STREET ADDRESS	10031 PINES BLVD #222	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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 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:

Barry Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Jacobs
PRESIDENT

4/26/01 (954) 438-7114

Date

Daytime Phone #

CR2E034 (10/00)