2000 UNIFORM BUSINESS REPORT (UBR)

[redacted]

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # [redacted] P93000043638

1. Entity Name
Narmer Corp.

Principal Place of Business	Mailing Address
19618 E. Country Club Drive Aventura, FL 33180	(Same)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same as Principle	
Suite, Apt. #, etc.: 19618 E. Country Club	Suite, Apt. #, etc.: 19618 E. Country club Drive
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: Dade	Zip: 33180 Country: Dade

4. FEI Number: 65-0426679 ☐ 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
Daret Dickens 269 NW 7th Street Suite 316 Miami, FL 33154	Name: ~~Kath~~ Dickens Daret K. Dickens Street Address (P.O. Box Number is Not Acceptable): 2518 Aster Cove Lane City: Kissimmee FL Zip Code: 34758

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: Daret K. Dickens 7/10/00
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Daret Dickens 19618 E. Countryclub Dr. Aventura, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hayo Dickens, V.P. 2518 Aster Cove Lane Kissimmee, FL 34758 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dorothy Dickens, V.P. 2518 Aster Cove Lane Kissimmee, FL 34758 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003390907---1 -09/13/00--01011--019 ****400.00 ****400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS

CR2E034 (9/99)

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: Daret K. Dickens, PED.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #