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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2001 8:00 am DOCUMENT # P93000043633 **Secretary of State** 1. Entity Name NARMER CORP. 03-28-2001 90214 044 ***150.00 Principal Place of Business Mailing Address 19618 E COUNTRY CLUB DRIVE 19618 E COUNTRY CLUB DRIVE AVENTURA FL 33180 AVENTURA FL 33180 3. Mailing Address 2. Principal Place of Business P.O. COX. 278316 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0426679 Miramas Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dater Dicks of Davat Dreken DICKENS, DARET_K-Street Address (P.O. Box Number is Not Acceptable) 2528 ASTER COVE LANE KISSIMMEE FL 34758 City Kissimme, FL 34758 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS:\$150:00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Hayes Dickers, President Thange Delete TITLE TITLE DICKENS, DARET NAME 2518 ASTOF Cave Lane STREET ADDRESS 19618 E COUNTRY CLUB DRIVE STREET ADDRESS 4; ssimmee, FL 34758 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Delete TITLE DICKENS, HAYES NAME NAME STREET ADDRESS 2518 ASTER COVE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 . Change ☐ Addition ☐ Delete TITLE TITLE DICKENS, DOROTHY NAME NAME OR STREET ADDRESS 2518 ASTER COVE LANE STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34758 CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS ain as Registered Agent CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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.