

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90053 017 ***150.00

DOCUMENT # P93000043633

1. Entity Name
NARMER CORP.

Principal Place of Business
**19618 E COUNTRY CLUB DRIVE
 AVENTURA FL 33180**

Mailing Address
**P.O. BOX 278316
 MIRAMAS FL 33027**

2. Principal Place of Business
16731 SW 49th CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar FL

City & State

Zip
33027

Country

Zip

Country

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

**DICKENS, DARET K
 2518 ASTOR COVE LANE
 KISSIMMEE FL 34758**

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 *Daret Dickens*
 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, 2002 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 **DICKENS, HAYES**
 STREET ADDRESS **2518 ASTOR COVE LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **DICKENS, HAYES**
 STREET ADDRESS **2518 ASTER COVE LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **DICKENS, DOROTHY**
 STREET ADDRESS **2518 ASTER COVE LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (9/01)