

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90222 020 \*\*\*550.00

0327176 AV

**DOCUMENT # P93000044602**

1. Entity Name  
**NYMAN, INC.**



Principal Place of Business  
**200 EAST LAS OLAS BLVD  
SUITE 1480  
FORT LAUDERDALE FL 33301  
US**

Mailing Address  
**200 EAST LAS OLAS BLVD  
SUITE 1480  
FORT LAUDERDALE FL 33301  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0419701**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELKOWITZ, STEVE  
501 S ANDREWS AVE  
FT LAUDERDALE FL 33302**

Name **MORT NYMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 EAST LAS OLAS BLVD  
SUITE 1480**  
City **FORT LAUDERDALE FL** Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MORT NYMAN, PRESIDENT** DATE **5/7/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	NYMAN, MORTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
200 EAST LAS OLAS BLVD., STE. 1480	FORT LAUDERDALE FL 33301		
VD	NYMAN, MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
200 EAST LAS OLAS BLVD., STE. 1480	FORT LAUDERDALE FL 33301		
VSTD	FELKOWITZ, STEVEN A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
501 S ANDREWS AVE	FT LAUDERDALE FL 33301		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE MORT NYMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/7/03** Daytime Phone # **(954)467-0033**

CR2E034 (10/02)