

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058630

1. Entity Name

N.G.A. INVESTMENTS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90013 009 ***150.00

Principal Place of Business

1750 S DIXIE HWY
POMPANO BEACH FL 33414
US

Mailing Address

1750 S DIXIE HWY
POMPANO BEACH FL 33414
US

965769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1692 SOUTH OCEAN BLVD

Suite, Apt. #, etc.
DELRAY BEACH, FL

City & State
33483 U.S.

Zip Country

3. Mailing Address

1692 SOUTH OCEAN BLVD

Suite, Apt. #, etc.
DELRAY BEACH, FL

City & State
33483 U.S.

Zip Country

4. FEI Number 65-0446165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, STUART S ESQ.
404 EAST ATLANTIC BLVD.
SUITE 101
POMPANO BEACH FL 33060

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 DPST ☐ Delete
NAME ADAMO, JACK
STREET ADDRESS 13309 DOUBLETREE CIRCLE
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME JACK ADAMO
STREET ADDRESS 1692 SOUTH OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH, FL 33483

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK ADAMO

Date

4/27/01

Daytime Phone #

561-266-0199

CR2E034 (10/00)