

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90399 039 ***150.00

DOCUMENT # P93000058630

1. Entity Name

N.G.A. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**1692 SOUTH OCEAN BLVD
 DELRAY BEACH FL 33483
 US**

**1692 SOUTH OCEAN BLVD
 DELRAY BEACH FL 33483
 US**

2. Principal Place of Business

3. Mailing Address

14338 Cypress Island CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens, FL

Palm Beach Gardens, FL

Zip
33410

Country

Palm Beach

Zip
33410

Country

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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 **DPST** ☐ Delete
 NAME **ADAMO, JACK**
 STREET ADDRESS **1692 SOUTH OCEAN BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **ADAMO, JACK**
 STREET ADDRESS **14338 Cypress Island CT.**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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)(j), 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 F. Pres. J. Dent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

561-441-0734
 Daytime Phone #

CR2E034 (9/01)