

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90523 011 \*\*\*150.00

0341820 AV

**DOCUMENT # P93000059582**

1. Entity Name  
**NFD ENTERPRISES, INC.**



Principal Place of Business  
**1701 SW 5 ST  
FT LAUDERDALE FL 33312**

Mailing Address  
**1701 SW 5 ST  
FT LAUDERDALE FL 33312**

**11000380**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1326 SE 17 St.**

3. Mailing Address

**1326 SE 17 St.**

Suite, Apt. #, etc.

**141**

Suite, Apt. #, etc.

**141**

City & State

**FL LAUDERDALE, FL.**

City & State

**FL LAUDERDALE, FL.**

4. FEI Number

**65-0433933**

Applied For

Not Applicable

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**

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

**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
CORAL GABLES FL 33134**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	GERTZ, KIMBERLY	1701 SW 5 ST	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	GERTZ, Kimberly	1326 SE 17 St #141	FT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kimberly Gertz* **SIGNATURE REQUIRED**

**4/17/03**

**954-294-9235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)