

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000465

1. Entity Name
NITA CORPORATION

Principal Place of Business
**70 NE 40 ST
MIAMI FL**

Mailing Address
**70 NE 40 ST
MIAMI FL**

2. Principal Place of Business
P.O. BOX 330924
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 330924
Suite, Apt. #, etc.

City & State
COCONUT GROVE FL
Zip
33233 Country

City & State
COCONUT GROVE FL
Zip
33233 Country

4. FEI Number **65-0563343**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FREY, MARSHALL
70 NE 40 ST
MIAMI FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **FREY, MARSHALL**
STREET ADDRESS **2595 TIGERTAIL AVE #2**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **FREY, MARSHALL**
STREET ADDRESS **P.O. BOX 330924**
CITY-ST-ZIP **COCONUT GROVE FL 33233**

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: *M. Frey Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. FREY, PRES.

4-13-01
Date

305-573-2121
Daytime Phone #

0160263

CR2E034 (10/00)