

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019039

1. Entity Name
NCM CAPITAL, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90246 017 ***150.00

Principal Place of Business
2121 PONCE DE LEON BLVD
STE 408
CORAL GABLES FL 33134
US

Mailing Address
2121 PONCE DE LEON BLVD.
STE08
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0473290

Applied For
Not Applicable

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

CAMHI, JOEL CPA
10100 W-SAMPLE RD
STE 300
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS NUNEZ, MANUEL
CITY-ST-ZIP 2121 PONCE DE LEON BLVD STE 545
CORAL GABLES FL

☒ Delete

TITLE
NAME PD
STREET ADDRESS NUNEZ, MANUEL
CITY-ST-ZIP 4692 NW 107th Ave # 1407
MIAMI FL 33178

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

Manuel Nunez

04/12/2001 (305) 592-6672

Date

Daytime Phone #

0162217

CR2E034 (10/00)