

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028502

1. Entity Name

N.C.F. FLORIDA, CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90112 037 ***150.00

Principal Place of Business

Mailing Address

14 N.E. 1ST AVE.
SUITE 1014
MIAMI FL 33132

14 N.E. 1ST AVE.
SUITE 1014
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

1 N.E. 1ST STREET

1 N.E. 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33132

USA

33132

USA

4. FEI Number

65-0483091

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

HUON, CHOI
14 N.E. 1ST AVE.
SUITE 1014
MIAMI FL 33132

Name

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

1 N.E. 1ST STREET

SUITE 200

City MIAMI

FL

Zip Code

33132

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

4-20-01

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 STREET ADDRESS CITY-ST-ZIP	D PANARIELLO, ANTONIO 14 N.E. 1ST AVE. MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUON, CHOI 14 N.E. 1ST AVE. MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 N.E. 1ST STREET, STE 200 MIAMI FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 N.E. 1ST STREET, STE 200 MIAMI FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-20-01 305-373-0625

CR2E034 (10/00)