

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90135 015 ***158.75

DOCUMENT # P94000032357

1. Entity Name

NEVERMORE, INC.

Principal Place of Business

**2398 E. SILVER PALM ROAD
BOCA RATON FL 33432
US**

Mailing Address

**2121 PONCE DE LEON BLVD., #240
CORAL GABLES FL 33134**

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

Zip

Country

Country

4. FEI Number **65-0480932**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD., #240
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **DONAHUE, VINCENT P**
STREET ADDRESS **2398 E. SILVER PALM ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ Delete
NAME **URIBE, ANDRES**
STREET ADDRESS **2398 E. SILVER PALM ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ Delete
NAME **ZAIAC, MANUEL**
STREET ADDRESS **100 S.E. 2ND ST., 2350**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P.** ☒ Change ☐ Addition
NAME **VINCENT P. DONAHUE**
STREET ADDRESS **72 CHARLOU CIRCLE, CHERRY HILLS**
CITY-ST-ZIP **DENVER, CO 80111**

TITLE **D, VP** ☒ Change ☐ Addition
NAME **ANDRES URIBE**
STREET ADDRESS **2121 PONCE DE LEON BLVD., STE. 240**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **D, S, T.** ☒ Change ☐ Addition
NAME **MANUEL ZAIAC**
STREET ADDRESS **100 S.E. 2nd ST., 2350**
CITY-ST-ZIP **MIAMI, FL. 33130**

TITLE **D.** ☐ Change ☒ Addition
NAME **HORACIO TORO**
STREET ADDRESS **2121 PONCE DE LEON BLVD., STE. 240**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

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

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)(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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0163082