

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000041985**1. Entity Name
NACON CORPORATION

Principal Place of Business

ONE S.E. 3RD AVE.
SUITE 2130
MIAMI
33131

FL

Mailing Address

ONE S.E. 3RD AVE.
SUITE 2130
MIAMI
33131

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504140

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

COPROLITE CORPORATION
ONE S.E. 3RD AVE.
SUITE 2130
MIAMI
33131

FL

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 _____ 04/12/2001

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 State10. 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 S ☐ Delete
NAME CALVERT YVONNE
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FLTITLE S ☒ Change ☐ Addition
NAME CALVERT YVONNE
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FL 33131TITLE VT ☐ Delete
NAME JACKSON CARLA C
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FLTITLE VT ☒ Change ☐ Addition
NAME JACKSON CARLA C
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FL 33131TITLE PD ☐ Delete
NAME MURPHY PATRICK
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FLTITLE PD ☒ Change ☐ Addition
NAME MURPHY PATRICK
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, STE 2130
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 empowered.

SIGNATURE: YVONNE CALVERT

S

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)