

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000050599**1. Entity Name  
NHP HOLDING COMPANY, INC.

Principal Place of Business 7600 CORPORATE CENTER DRIVE  MIAMI FL 33126 US	Mailing Address P.O. BOX 025680  MIAMI FL 33102 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0508983**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.TALLAHASSEE FL  
32301 US

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)

**01/30/2001**

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	D	<input type="checkbox"/> Delete
NAME	GREITER BILL	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	GUBBAY DAVID	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SVP	<input type="checkbox"/> Delete
NAME	CAMPBELL-WISLEY MARY LEE	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SVP	<input type="checkbox"/> Delete
NAME	TOPEL HARRIS	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SVS	<input type="checkbox"/> Delete
NAME	KOFSKY MARTIN B	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> Delete
NAME	PAPA JOSEPH R	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARTIN B. KOFSKY**

SVS

01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)