2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000053665**

NUWIN DEVELOPMENT, INC.

02-28-2001 90091 034 ***158.75 Principal Place of Business Mailing Address 1351 S.W. 4TH COURT 1351 S.W. 4TH COURT **BOCA RATON FL 33432 BOCA RATON FL 33432** UUUZU467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0512235 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUZZO, MARK Street Address (P.O. Box Number is Not Acceptable) 1351 S.W. 4TH COURT **BOCA RATON FL 33432** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME NUZZO, MARK NAME STREET ADDRESS STREET ADDRESS 1351 S.W. 4TH COURT CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE ST ☐ Delete TITLE Change Addition NAME NUZZO, JOSEPH NAME STREET ADDRESS 1351 SW 4TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

loseph Nuzzo 2/23/01 561 393-6605

Change

Change

Addition

Addition

Feb 28, 2001 8:00 am

Secretary of State