

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078128

1. Entity Name

THE NATION GROUP, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90008 031 ***550.00

Principal Place of Business

13899 BISCAYNE BLVD., STE. 109
N. MIAMI BEACH FL 33181
US

Mailing Address

13899 BISCAYNE BLVD., STE. 109
N. MIAMI BEACH FL 33181
US

2. Principal Place of Business

13899 BISCAYNE BLVD
Suite, Apt. #, etc.
#300

3. Mailing Address

13899 BISCAYNE
Suite, Apt. #, etc.
#300

City & State

NORTH MIAMI BEACH FL
Zip 33181 Country USA

City & State

NORTH MIAMI BEACH FL
Zip 33181 Country USA

4. FEI Number

65-0544767

Applied For

Not Applicable

5. Certificate of Status Desired

Not \$8.75 Additional Fee Required Not

6. Name and Address of Current Registered Agent

NATION, RICHARD L
14711 SW 155 TER
MIAMI FL 33187

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

RICHARD L NATION PRES

07/25/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME NATION, RICHARD L
STREET ADDRESS 14711 SW 155 TER
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ 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:

RICHARD L NATION PRES

07/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-341-8404

CFR21034 (1/99)