

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000078128

1. Entity Name

THE NATION GROUP, INC.



"AMENDED"

FILED

03 APR 25 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
421 MICHIGAN AVENUE

3. Mailing Address
421 MICHIGAN AVENUE

Suite, Apt. #, etc.
UNIT 5

Suite, Apt. #, etc.
UNIT 5

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip Country
33139 US

Zip Country
33139 US

4. FEI Number 65-0544767

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DENNIS ALMENDARES

Street Address (P.O. Box Number is Not Acceptable)

4943 SW. 35th TERRACE

City FT. LAUDERDALE

FL Zip Code 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/24/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P / T / D
Ricardo Cruz
421 Michigan Avenue - Unit 5
Miami Beach, Florida 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V / S / D
Dennis Almendares
421 Michigan Avenue - Unit 5
Miami Beach, Florida 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100016650571
04/25/03--01024--010 **8.75

TITLE
NAME
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CITY-ST-ZIP
100016650571
04/25/03--01024--011 **51.25

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

305-251-1722

Daytime Phone #

CR2E034B (12/02)