

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90183 024 ***550.00

DOCUMENT # P94000080584

1. Entity Name
NADIA MANAGEMENT & TRAINING CONSULTANTS, INC.

Principal Place of Business

**2049 ISLAND CIRCLE
 WESTON FL 33326
 US**

Mailing Address

**2049 ISLAND CIRCLE
 WESTON FL 33326
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0531443**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERFATY, CHARLES S
 16470 NE 10TH AVE
 SUITE 100
 NORTH MIAMI BEACH FL 33162**

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

SIGNATURE _____ (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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **FERNANDES, IMELDA A**
 STREET ADDRESS **DUBAI WORLD TRADE CTR LEVEL 6 PO BOX 9349**
 CITY-ST-ZIP **DUBAI U A E**

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

TITLE **DV** ☐ Delete
 NAME **FERNANDES, MERWYN F**
 STREET ADDRESS **15952 SW 8TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **DV** ☒ Change ☐ Addition
 NAME **FERNANDES, MERWYN F**
 STREET ADDRESS **2049 Island CIRCLE**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **DST** ☒ Delete
 NAME **FERNANDES, CHARLOTTE M**
 STREET ADDRESS **15952 SW 8TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **DST** ☐ Delete
 NAME **BONNEMA, CHARLOTTE M**
 STREET ADDRESS **15952 SW 8TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **DST** ☒ Change ☐ Addition
 NAME **BONNEMA, CHARLOTTE M**
 STREET ADDRESS **2049 Island CIRCLE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/02 (954) 659-8455

CR2E034 (4/02)