

# 2001 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90071 014 \*\*\*150.00

**DOCUMENT # P94000091645**

1. Entity Name

**MICHAEL NASSAR, INC.**

Principal Place of Business

Mailing Address

~~1331 GE 3RD TERR~~  
~~POMPANO BEACH FL 33060~~  
US

~~1331 GE 3RD TERR~~  
~~POMPANO BEACH FL 33060~~  
US

2. Principal Place of Business

**300 SE 12TH ST.**

3. Mailing Address

**300 SE 12TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **POMPANO BCH. FL**

City & State **POMPANO BCH FL**

4. FFI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33060**

Country **FLORIDA**

Zip **33060**

Country **FLORIDA**

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

**NASSAR, MICHAEL**  
**1331 GE 3RD TERRACE**  
**POMPANO BEACH FL 33060**

Name

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

**300 SE 12TH STREET**

City **POMPANO BCH**

**FL**

Zip **33060**

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 **Michael Nassar - President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/15/01**

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	DPV	<input type="checkbox"/> Delete
NAME	NASSAR, MICHAEL	
STREET ADDRESS	<del>1331 GE 3RD TERRACE</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL 33060</del>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NASSAR, MICHAEL	
STREET ADDRESS	<del>1331 GE 3RD TERRACE</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL 33060</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300 SE 12TH STREET</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL 33060</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300 SE 12TH STREET</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL 33060</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 **Michael Nassar - President** **MICHAEL NASSAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/01 (950) 783-0033**

Date

Daytime Phone #

CR2E034 (10/00)