

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019441

1. Entity Name
NU HOUSE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90102 007 ***150.00

Principal Place of Business 940 LINCOLN ROAD SUITE 223 MIAMI BEACH FL 33139 US	Mailing Address 940 LINCOLN ROAD SUITE 223 MIAMI BEACH FL 33137-3509 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 35 N.E. 40th Street	3. Mailing Address 35 N.E. 40th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL 33137	City & State Miami, FL 33137
Zip	Country

4. FEI Number 65-0562534	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FERNANDEZ, LOURDES
940 LINCOLN ROAD
SUITE 223
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **Zemnickis Robert**
Street Address (P.O. Box Number is Not Acceptable)
35 N.E. 40th Street
City **Miami** FL **33137**

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  (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 \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEMNICKIS, ROBERT 2100 SAN SOUCI #609 NORTH MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, LOURDES 1865 BRICKELL AVE #2114A MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGIN, IGGY 1125 MERIDIAN AVENUE #4 MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zemnickis Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 N.E. 40th Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSSON-CUBA, IGGY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 N.E. 40th Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:  **Robert Zemnickis** **4/27/00** **305 572-9505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)