

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000049340**

1. Entity Name

NAD ENTERPRISES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90121 036 ***150.00

Principal Place of Business 116 SUNDIAL CIRCLE "C" MARGATE FL 33068	Mailing Address 116 SUNDIAL CIRCLE "C" MARGATE FL 33021-8547
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2. Principal Place of Business 4309 NW 47 TH ST	3. Mailing Address 4309 NW 47 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMARAC FL	City & State TAMARAC FL
Zip 33319	Zip 33319
Country USA	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0597035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NADEAU, GUIMONT 116 SUNDIAL CIRCLE "C" MARGATE FL 33068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4309 NW 47 TH ST City TAMARAC FL Zip Code 33319
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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 *Guimont Nadeau* **1-19-00**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NADEAU, GUIMONT 116 SUNDIAL CIRCLE "C" MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4309 NW 47 ST TAMARAC FL 33319 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Guimont Nadeau* **1-19-00** **954-731-3071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #