

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000073301**

1. Entity Name
Nefer Art, Inc.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90049 045 ***150.00

820005

DO NOT WRITE IN THIS SPACE

Principal Place of Business
3501 B Ponce de Leon Blvd, Ste. 333
St. Augustine, FL 32095
USA

Mailing Address
3501 B Ponce de Leon Blvd, Ste. 333
St. Augustine, FL 32095
USA

2. Principal Place of Business
871 Venetia Bay Blvd.
Suite, Apt. #, etc.
ALMB-Suite 206
City & State
Venice, FL
Zip
34292 Country
USA

3. Mailing Address
3501 B Ponce de Leon Blvd, Ste. 333
Suite, Apt. #, etc.
Suite 333
City & State
St. Augustine, FL
Zip
32095 Country
USA

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
Snow, John R., P.A.
Wekiva Springs Road 195, Suite 214
Longwood, FL 32779

7. Name and Address of New Registered Agent
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.

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	P	<input type="checkbox"/> Delete
NAME	Walter Fritz	
STREET ADDRESS	Aachenerstrasse 4	
CITY-ST-ZIP	D-10713 Berlin - Germany	
TITLE	S.T	<input checked="" type="checkbox"/> Delete
NAME	Daniela Ludwig	
STREET ADDRESS	Aachenerstrasse 4	
CITY-ST-ZIP	D-10713 Berlin - Germany	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Fritz	
STREET ADDRESS	Aachenerstrasse 4	
CITY-ST-ZIP	D-10713 Berlin - Germany	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2000

Date

Daytime Phone #

CR2E034 (9/99)