

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90018 029 \*\*\*150.00

**DOCUMENT # P95000090110**

1. Entity Name  
**NANCY R. ADELMAN BSN INC.**

Principal Place of Business  
**847 WW 76 TERR**  
**PLANTATION FL 33324**  
**US**

Mailing Address  
**847 WW 76 TERR**  
**PLANTATION FL 33324**  
**US**

**928171**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12551 NW 58 MANOR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**12551 NW 58 MANOR**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**  
 Zip  
**33078**  
 Country  
**USA**

4. FEI Number **65-0628154**  
 Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADELMAN, NANCY R**  
**847 NW 76 TERR**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
**Nancy R. TARABOULOS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12551 NW 58 MANOR**  
 City  
**Coral Springs, FL**  
 Zip Code  
**33078**

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 **Nancy Taraboulos** (954-255-8274) 3/05/01  
**NANCY TARABOULOS, PRESIDENT**  
 Signature typed and 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. ☐  
**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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ADELMAN, NANCY R<br>12551 N.W 58 MANOR<br>CORAL SPRINGS FL 33076 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Nancy Taraboulos PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12551 NW 58 MANOR<br>Coral Springs, FL 33078 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **Nancy Taraboulos** 3/6/01 954-255-8274  
 SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)