

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0411533 AV

**DOCUMENT # P96000039493**

1. Entity Name  
**NEVIS, INC.**



Principal Place of Business  
**2051 SE 3RD ST.  
DEERFIELD BEACH FL 33441**

Mailing Address  
**2051 SE 3RD ST.  
DEERFIELD BEACH FL 33441**

**325 JACARANDA DR. 325 JACARANDA DR.**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PLANTATION, FLA**

City & State  
**PLANTATION, FLA**

4. FEI Number **65-0672075**

Applied For  
Not Applicable

Zip  
**33324**

Country  
**US**

Zip  
**33324**

Country  
**US**

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

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

**COUF, ROBERTM  
300 DIPLOMAT PKWY  
STE 315  
HALLANDALE FL 33009**

Name

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

**325 JACARANDA DRIVE  
PLANTATION, FLA**

City

**FL 33324**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
COUF, ROBERT M.  
300 DIPLOMAT PKWY STE 315  
HALLANDALE FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**325 JACARANDA DRIVE  
PLANTATION, FL 33324**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/03 954-725-4454**

Date

Daytime Phone #

CR2E034 (10/02)