

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039892

1. Entity Name

N & M PROPERTIES INC.

Principal Place of Business

11690 SW 24TH ST.
DAVIE FL 33325

Mailing Address

11690 SW 24TH ST.
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSHING, JOANNE
3341 N 34 STREET
HOLLYWOOD FL 33021

Name

CUSHING, JOANNE

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

11690 SW 24 ST

City

DAVIE

FL

Zip Code

33325

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

Joanne Cushing

JOANNE CUSHING

9-8-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CUSHING, JOANNE | |
| STREET ADDRESS | 11690 SW 24 STREET | |
| CITY-ST-ZIP | DAVIE FL 33325 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CUSHING, WALT | |
| STREET ADDRESS | 11690 SW 24 STREET | |
| CITY-ST-ZIP | DAVIE FL 33325 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Joanne Cushing

Date

9-8-00

Daytime Phone #

954-424-1845



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)