

DOCUMENT# P96000045940

1. Entity Name

NIET Realty INC.

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91181 026 ***150.00

Principal Place of Business

1500 W CYPRESS CREEK RD
#415
FORT LAUDERDALE FL 33308

Mailing Address

1500 W CYPRESS CREEK RD
415
FORT LAUDERDALE FL 33308

2. Principal Place of Business

1280 S Powerline Rd

3. Mailing Address:

1280 S Powerline Rd

Suite, Apt. #, etc.

#24

Suite, Apt. #, etc.

#24

City & State

Pompano Beach Fl

City & State

Pompano Beach Fl

Zip

33064

Country

Broward

Zip

33064

Country

Broward

6. Name and Address of Current Registered Agent

SGARRINI, WALTER W
123 W PROSPECT RD
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Walter W Sgarrini

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

1280 S Powerline Rd

#24

City: Pompano Beach FL

Zip Code: 33064

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

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)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: SGARRINI, WALTER W
STREET ADDRESS: 123 W PROSPECT RD
CITY-ST-ZIP: FT LAUDERDALE FL 33309☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: walter W Sgarrini
NAME: 1280 S Powerline Rd #24
STREET ADDRESS: Pompano Beach Fl 33064
CITY-ST-ZIP:☐ Change☐ AdditionTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Delete
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CITY-ST-ZIP: TITLE: ☐ Change ☐ 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: Walter W Sgarrini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #