

FILED  
Jul 15, 2002 8:00 am  
Secretary of State

02-11-2002 90035 031 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000055116

1. Entity Name

NAURAS CORP.

Principal Place of Business  
3502 N POWERLINE RD  
POMPANO BEACH, FL 33069

Mailing Address  
3502 N POWERLINE RD  
POMPANO BEACH, FL 33069

97269

2. Principal Place of Business  
3502 N POWERLINE RD.

3. Mailing Address  
3502 N POWERLINE RD

Suite, Apt. #, etc.  
3502

Suite, Apt. #, etc.  
3502

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH, FLORIDA

City & State  
POMPANO BEACH, FLORIDA

4. FEI Number  
65-0678709

Applied For  
Not Applicable

Zip Country  
33069 USA

Zip Country  
33069 USA

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

ABOU, ZAMEL  
3502 N POWERLINE RD  
POMPANO BEACH, FL 33069

Name  
ABOU, ZAMEL  
Street Address (P.O. Box Number is Not Acceptable)  
3502 N POWERLINE RD.  
City  
POMPANO BEACH FL Zip Code  
33069

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)

7/9/2002  
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 ☐ \$5.00  
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST  
NAME ABOU, ZAMEL  
STREET ADDRESS 3502 N POWERLINE RD.  
CITY - ST - ZIP POMPANO BEACH, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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:

7/9/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)