

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071738

1. Entity Name  
NEXTON VALUE INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90194 014 \*\*\*150.00

Principal Place of Business  
1451 W. CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE FL 33309

Mailing Address  
1451 W. CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

899 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

321

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

33309

Country

4. FEI Number 65-0786670

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

DECORTE, ALAIN J  
1451 W. CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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 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	P	<input type="checkbox"/> Delete
NAME	DECORTE, ALAIN J	
STREET ADDRESS	1451 W. CYPRESS CREEK ROAD, STE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECQUEVORT, ISABELLE	
STREET ADDRESS	1451 W. CYPRESS CREEK ROAD, STE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:  DECORTE ALAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/09/2001

Date

Daytime Phone #

CR2E034 (10/00)

0251755