

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079046

1. Entity Name

NOMAD RELOCATION, INC.

Principal Place of Business

2782 NW 29 TERR
LAUDERDALE LAKES FL 33311
US

Mailing Address

2782 NW 29 TERR
LAUDERDALE LAKES FL 33311-2037
US

2. Principal Place of Business

6708 STIRLING ROAD

Suite, Apt. #, etc.

3. Mailing Address

6708 STIRLING RD

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip 33024

Country USA

City & State

HOLLYWOOD FL

Zip 33024

Country USA

4. FEI Number

65-0697907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MARSHALL A
4400 WEST SAMPLE RD
STE 112
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

SHRAGA PIER

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

6708 STIRLING ROAD

City

HOLLYWOOD

FL

33024

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

5/11/00

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 Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> Delete
NAME	PIER, SHRAGA	
STREET ADDRESS	1406 MIRA VISTA CIR	
CITY - ST - ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
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)(j), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90009 039 ***150.00



DO NOT WRITE IN THIS SPACE

5/11/00

964-989-3772