## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000019312

U.S. NBM, INC.

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90014 030 \*\*\*150.00



Principal Place	of Business	Mailing Address			,			
506 N ARMENIA AVE		506 N ARMENIA AVE	506 N ARMENIA AVE					
TAMPA FL 33609		TAMPA FL 33609			T. 110 CD 105			
	•				DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed	•		
					02/24/1997		[	
		To selling Address			4. FEI Number	Δη	plied For	
2. Principal P	lace of Business	2a. Mailing Address				<u> </u>	t Applicable	
21	<u>.</u>	26			59-3431073	<del></del>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<sub>¬</sub> , \$8.75 /		
22	•	27			3. Certificate of Status Decired	Fee Re	quired	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	
— ·		<u>├</u>			Trust Fund Contribution	Added 1		
23		28	Cauata	<del></del>				
Zip			Country		8. This corporation owes the current year Intangible  Personal Property Tax.   Yes			
24	25	29	30		Personal Property Tax.		MINO	
	9. Name and Address of Curr	ent Registered Agent		.,	10. Name and Address of New Reg	istered Agent		
1.0			8	1 Name				
BERMUDEZ, HELCIAS D			_					
5.5 506 N ARMENIA AVE			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>				Saltablish	
IAM	PA FL 33609		8:	3	- Palification			
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			8	4 City		FL 103 Z	.	
10-11-50		500 - 4 500 Florida Chatut	na tha aba	o named corn	poration submits this statement for the pu	mose of changing its	registered	
11 Pursuant	to the provisions of Sections 607.0	te of Florida, Such change was a	uthorized b	v the corporation	on's board of directors. I hereby accept the	ne appointment as re	gistered	
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	s. , (	oration submits this statement for the pu on's board of directors. I hereby accept the			
		udez (Heleins	Berw	udez	) 17 199	}	ļ	
SIGNATURE	Signature, typed or printed name of registered a		Registered Ag	ent signature require	ad when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12	
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NAME	BERMUDEZ, HELCIAS D		//L				ĺ	
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	<del>-</del> -		2.2 NAME	:			}	
NAME	RAMOS, JOSEPH A	•				•	į	
STREET ADORESS	506 N' ARMENIA AVE		2.3 STRE	ET ADDRESS				
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.