2/10/00-90038-038-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P97000061310

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUU16163

DO NOT WRITE IN THIS SPACE

1. Entity Name

NADINE COMPUTER TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1700 E GARRY AVE STE 212 SANTA ANA CA 92705	1700 E GARRY AVE STE 212 SANTA ANA CA 92705-5829 US

2. Principal Place of Business	3. Mailing Address
1700 East Garry Ave	P.O.Box 26528
Suite, Apt. #, etc. #212	Suite, Apt. #, etc.
City & State Santa Ana, Ca 92705	City & State Santa Ana, Ca 92799
Zip 92705 Country USA	Zip 92799 Country USA

4. FEI Number 65-0768945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARAKI, ALI
7732 CAMINO REAL
#418
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name Karaki, Ali
Street Address (P.O. Box Number is Not Acceptable) 2919 E. N. Military Trail
Suite 102
City WPB, FL FL Zip Code 33409

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] 2/13/2000
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME KARAKI, ALI STREET ADDRESS 7732 CAMINO REAL CITY-ST-ZIP MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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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: Ali Karaki 2/13/2000 714-268-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #