## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000066793**

1. Entity Name

## NOB HILL REAL ESTATE GROUP, INC.

10061 N.W. 1ST COURT

## 05-09-2000 90135 017 \*\*\*150.00 Principal Place of Business Mailing Address 10061 N.W. 1ST COURT PLANTATION FL 33324-7006 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0811965 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Èee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_Name GABLE, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD SUITE 735 SOUTH HOLLYWOOD FL 33021 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. DATE (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, ■ Addition PD TITLE ☐ Delete TITLE FERNANDEZ. NELSON 10061 NW 1st Court NAME STREET ADDRESS 6100 HOLLYWOOD BLVD SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE HOLLYWOOD FL 33024 Change Addition ☐ Delete TITLE FERNANDEZ, ALBERTO NAME NAME STREET ADDRESS 6100 HOLLYWOOD BLVD SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Addition ☐ Delete TITLE GIL, ALBERTO NAME: NAME 10061 NW 1st Court STREET ADDRESS 6100 HOLLYWOOD BLVD SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

May 09, 2000 8:00 am Secretary of State