

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071499

1. Entity Name

EDDIE NURIELI, P.A.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90016 015 \*\*\*150.00

Principal Place of Business

Mailing Address

139 NE 1ST AVE  
HALLANDALE FL 33009

139 NE 1ST AVE  
HALLANDALE FL 33021-6918

2. Principal Place of Business

3. Mailing Address

450 N. PARK ROAD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

City & State  
HOLLYWOOD, FL

City & State

4. FEI Number 65-0775350

Applied For  
Not Applicable

Zip  
33021

Country  
BROWARD

Zip

Country

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

NURIELI, EDDIE  
139 NE 1ST AVE  
HALLANDALE FL 33009

Name

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

450 N. PARK ROAD

SUITE 502

City HOLLYWOOD

FL

Zip Code 33021

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
NURIELI, EDDIE  
915 MIDDLE RIVER DRIVE STE. 309  
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
450 N. PARK ROAD, SUITE 502  
HOLLYWOOD FL 33021 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDDIE NURIELI 4/3/00 954 893-5788

CR2E034 (9/99)