

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077713

1. Entity Name

NATIONAL ASSETS, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90023 007 ***150.00

Principal Place of Business

Mailing Address

101 NORTH OCEAN DRIVE
UNIT 423
HOLLYWOOD FL 33019

101 NORTH OCEAN DRIVE
UNIT 423
HOLLYWOOD FL 33179-1649

2. Principal Place of Business

3. Mailing Address

2501 S. OCEAN DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1134

City & State

HOLLYWOOD FL

City & State

4. FEI Number

65-0910897

Applied For

Not Applicable

Zip

33019

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

ZELTSCHAN, ALEX
101 N. OCEAN DR. #423
HIALEAH FL 33015

Name

ZELTSCHAN ALEX

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

2501 S. OCEAN DRIVE

HOLLYWOOD

City

FL

FL

Zip Code

33019

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

Alex Zeltsman
Signature, typed or printed name of registered agent and title if applicable.

ALEX ZELTSCHAN PRES

4/20

(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 ☐ Delete
NAME P
STREET ADDRESS ZELTSCHAN, ALEX
CITY-ST-ZIP 101 NORTH OCEAN DR. #423
HOLLYWOOD FL 33019

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: *Alex Zeltsman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20
Date

305-899-5674
Daytime Phone #

CR2E034 (9/99)