

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 022 ***150.00

DOCUMENT # **P97000077713** ✓
1. Entity Name

NATIONAL ASSETS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 N.E 14 AVE		3. Mailing Address 300 N.E 14 AVE	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. 207	
City & State HALLANDALE FL		City & State HALLANDALE	
Zip 33009	Country BROWARD	Zip 33009	Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910897	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALEX ZELTSCHAN	
Street Address (P.O. Box Number is Not Acceptable) 300 N.E 14 AVE	
City HALLANDALE FL	
City FL	Zip Code 33009

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 Zeltschan

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

(NOTE: Registered Agent signature required when reinstating)

4/18/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT ALEX ZELTSCHAN 300 N.E 14 AVE #207 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Zeltschan* **ALEX ZELTSCHAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 **954-537-3422**
Date Daytime Phone #

CR2E034B (12/01)