

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104913

1. Entity Name

NOMIS CAPITAL, INC.

Principal Place of Business

5801 BISCAYNE BLVD
MIAMI FL 33137
US

Mailing Address

C/O BARRY WASSERSTROM INFELD & ASSOCIATES
5801 BISCAYNE BLVD
MIAMI FL 33137-2638
US

2. Principal Place of Business

2812 NW 35 ST

Suite, Apt. #, etc.

3. Mailing Address

2812 NW 35 ST

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

Country

33142

Zip

Country

33142

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROTECKI, SIMON
2812 N.W. 35 ST
MIAMI FL 33142

Name

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

City

FL

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

(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 TROJECKI, SIMON
CITY-ST-ZIP 2812 N.W. 35 ST
MIAMI FL 33142

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90026 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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