

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013138

1. Entity Name

N.L.R. CORPORATION

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90013 021 ***150.00

Principal Place of Business

243 E FLAGLER ST NO. 11
MIAMI FL 33131

Mailing Address

243 E FLAGLER ST NO 11
MIAMI FL 33131-1301

2. Principal Place of Business

243 E. FLAGLER ST

3. Mailing Address

243 E. FLAGLER ST

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

SUITE 11

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0827133

Applied For

Not Applicable

Zip

Country

33131-1301

DADE

Zip

Country

33131-1301

DADE

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

NOTARI, MARILENA
2810 NE 201 TERR #G323
AVENTURA FL 33180

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 PT
NAME RONCONI, LUISELLA
STREET ADDRESS 2810 NE 201 TERRACE, #G-323
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE VPS
NAME NOTARI, MARIENA
STREET ADDRESS 2810 NE 201 TERRACE, #G-323
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

MARILENA NOTARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.00

Date

305 3791003

Daytime Phone #

CR2E034 (9/99)