

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014430

1. Entity Name

NIMA DEVELOPMENT CORP.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90155 004 ***150.00

Principal Place of Business

Mailing Address

W 2 AVE
FL 33010

2899 W 2 AVE
HIALEAH FL 33010-1507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0813448

Applied For
Not Applicable

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

OSMAN, L M
1474-A WEST 84 STREET
HIALEAH FL 33014

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
D QUNITERO, MANUEL 2899 W 2 AVE HIALEAH FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VENTURA, NILO JR 2899 W 2 AVE HIALEAH FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VENTURA, HECTOR 2899 W 2 AVE HIALEAH FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

NILO VENTURA JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (305)-884-5858
Date Daytime Phone #

CR2E034 (9/99)