

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017382

1. Entity Name

NDD CORP.

Principal Place of Business

4325 N OCEAN DR
FORT LAUDERDALE FL 33308

NDD Corp.
1040 NE 28th Ave.
Pompano Beach, FL 33062

2. Principal Place of Business

1040 NE 28 AVE

3. Mailing Address

1040 NE 28 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Pompano Beach FL

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

NORMAN COSTELLO

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

1040 NE 28 AVE

City

Pompano Beach

FL

Zip Code

33062

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

Norman Costello

1/5/2000

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	P	<input type="checkbox"/> Delete
NAME	COSTELLO, NORMAN	
STREET ADDRESS	4325 N OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTELLO, JOSEPHINE	
STREET ADDRESS	6190 WOODLANDS BLVD 108	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, LEONARDO	
STREET ADDRESS	4325 N OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN COSTELLO	
STREET ADDRESS	1040 NE 28 AVE	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPHINE COSTELLO	
STREET ADDRESS	1040 NE 28 AVE	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDO SANCHEZ	
STREET ADDRESS	350 SW 138 CT	
CITY-ST-ZIP	MIAMI, FL. 33185	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN POLLINGER	
STREET ADDRESS	1921 SW 75 TH AVE	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NORMAN COSTELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90037 003 ***158.75



DO NOT WRITE IN THIS SPACE