

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

U23184 AV

**DOCUMENT # P98000017382**

1. Entity Name  
**NDD CORP.**

08-10-2001 90002 032 \*\*\*600.00

Principal Place of Business  
**1040 NE 28 AVE**  
**POMPANO BEACH FL 33062**

Mailing Address  
**1040 NE 28 AVE**  
**POMPANO BEACH FL 33062**

**A0080719**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**POMPANO BCH.**  
 Suite, Apt. #, etc.  
**1040 NE 28TH AVE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**POMPANO BCH FL.**

City & State

4. FEI Number  
**65-0834075**

Applied For  
 Not Applicable

Zip  
**33062**

Country  
**FLORIDA**

Zip

Country

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

**COSTELLO, NORMAN**  
**1040 NE 28TH AVE**  
**POMPANO BEACH FL 33062**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**  
 NAME  
**COSTELLO, NORMAN**  
 STREET ADDRESS  
**1040 NE 28 AVE**  
 CITY-ST-ZIP  
**POMPANO BEACH FL 33062**

TITLE  
**S**  
 NAME  
**COSTELLO, JOSEPHINE**  
 STREET ADDRESS  
**1040 NE 28 AVE**  
 CITY-ST-ZIP  
**POMPANO BEACH FL 33062**

TITLE  
**VP**  
 NAME  
**SANCHREZ, LEONARDO**  
 STREET ADDRESS  
**350 SW 138 CT**  
 CITY-ST-ZIP  
**MIAMI FL 33185**

TITLE  
**T**  
 NAME  
**POLLING, DAN E**  
 STREET ADDRESS  
**1921 SW 75TH AVE**  
 CITY-ST-ZIP  
**PLANTATION FL 33317**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**350 SW 133 CT**  
**MIAMI, FL 33184**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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 19.07(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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)