

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91105 037 \*\*\*150.00

**DOCUMENT # P98000030569**

1. Entity Name  
**NUONICS, INC.**

Principal Place of Business      Mailing Address  
**12024 MOCCASIN COURT**      **12024 MOCCASIN COURT**  
**ORLANDO FL 32828**      **ORLANDO FL 32828**

2. Principal Place of Business      3. Mailing Address  
**3361 ROUSE ROAD**      **3361 ROUSE ROAD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 170**      **SUITE 170**

City & State      City & State  
**ORLANDO, FL**      **ORLANDO, FL**

Zip      Country      Zip      Country  
**32817**      **USA**      **32817**      **USA**

4. FEI Number      Applied For  
**59-3501444**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RIZA, NABEEL A**  
**12024 MOCCASIN COURT**  
**ORLANDO FL 32828**

7. Name and Address of New Registered Agent  
 Name **DR. NABEEL A. RIZA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3361 ROUSE ROAD, SUITE 170**  
 City **ORLANDO**      FL      Zip Code **32817**

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 *Nabeel A. Riza* (**NABEEL A. RIZA**)      **April 25, 01**  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO</b> <b>BOKHARI-RIZA, AMANA MS.</b> <b>12024 MOCCASIN CT</b> <b>ORLANDO FL 32828</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIZA, NABEEL A</b> <b>12024 MOCCASIN CT</b> <b>ORLANDO FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO/D</b> <b>RIZA, NABEEL A.</b> <b>3361 ROUSE ROAD, SUITE 170</b> <b>ORLANDO, FL 32817</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANK PEREZ (Perez is Last Name)</b> <b>3361 ROUSE ROAD, SUITE 170</b> <b>ORLANDO, FL 32817</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nabeel A. Riza* (**NABEEL A. RIZA**)      **April 25, 01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day of the Month #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE