

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90086 046 ***150.00

DOCUMENT # P98000037161

1. Entity Name

NRVPI MANAGER, INC.

Principal Place of Business

115 N.W. 167TH STREET
 SUITE 300
 MIAMI FL 33169

Mailing Address

115 N.W. 167TH STREET
 SUITE 300
 MIAMI FL 33169

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 65-0833490

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

TRACY, GRANVIL
 115 N.W. 167TH STREET
 SUITE 300
 MIAMI FL 33169

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP	GRANVIL, TRACY	115 NW 167 ST STE 300	
			NMB FL 33169	
	DVS	BEHAR, SBY	115 NW 167 ST STE 300	
			NMB FL 33169	
	DVT	JARVIS, BRUCE R	115 NW 167 ST STE 300	
			NMB FL 33169	
	ASC	KENNEDY, JAMES	115 N.W. 167TH STREET, STE. 300	
			MIAMI FL 33169	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C KENNEDY

Date

Daytime Phone #

(305) 654-1500

CR2E034 (9/01)