

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90010 020 \*\*\*150.00  
09-16-1999 90006 044 \*\*\*558.75

DOCUMENT # **P98000042104**

1. Corporation Name

**NMB GRADING SERVICES INC.**



Principal Place of Business

**2393 NE 172STREET  
NORTH MIAMI BEACH FL 33160**

Mailing Address

**2393 NE 172STREET  
NORTH MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/07/1998**

2. Principal Place of Business

**21 Dade County**

Suite, Apt. #, etc.

**22 APT - 1**

City & State

**23 N. MIAMI Bch.**

Zip

**24 33160**

Country

**25 USA**

2a. Mailing Address

**26 2393 N.E. 172 ST**

Suite, Apt. #, etc.

**27 APT. - 1**

City & State

**28 N. MIAMI Bch.**

Zip

**29 33160**

Country

**30 USA**

4. FEI Number

**650-836 038**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**POLYCARPO, SCOTT  
2393 NE 172STREET  
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **SCOTT DAVID POLYCARPO**

STREET ADDRESS **2393 N.E. 172 ST.**

CITY-ST-ZIP **NORTH MIAMI Bch. FL 33160**

TITLE **Vice President** ☐ DELETE

NAME **Stephen Polycarpo**

STREET ADDRESS **2393 NE 172 ST**

CITY-ST-ZIP **NORTH MIAMI Bch FL 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**  
**SCOTT DAVID POLYCARPO**

**9-8-99 305-710-4769**

CR2E034 (5/99)