

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90282 032 ***150.00

768492

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000047900
1. Entity Name
 N.L. INVESTMENT GROUP, INC.

Principal Place of Business
 8136 SW 83ST
 MIAMI, FL 33143
Mailing Address
 1348 VLN
 P.O. Box 025685
 MIAMI, FL 33102

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 P.O. Box 832137
 Suite, Apt. #, etc.

City & State
 MIAMI FL
Zip
 33283-2137
Country
 US

4. FEI Number
 65-0848257
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BALLESTAS & ASSOCIATES, INC.
 7730 SW 68 TR
 MIAMI, FL 33143

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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 P50 NAME PEREZ, RUBEN STREET ADDRESS 8136 SW 83ST CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE VA NAME DEGAO, MARY STREET ADDRESS 8136 SW 83ST CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE D-REYNA, NAME FRANCISCO STREET ADDRESS 8106 SW 81TH CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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"/> Change <input type="checkbox"/> Addition
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"/> 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: _____ **4-30-2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)