

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 02, 2000 8:00 am  
Secretary of State

06-02-2000 90002 014 \*\*\*150.00

DOCUMENT # DP98000049961  
Entity Name NOMDEL CORPORATION

Principal Place of Business 565 NW 53 St.  
Sunrise, FL 33351  
Mailing Address 10565 NW 53 St.  
Sunrise, FL 33351

Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
4. FEI Number 65-0848772  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Nomeriano Gonzales  
6531 NW 46 St.  
Lauderhill, FL 33319

7. Name and Address of New Registered Agent  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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  
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHANGE ADDITION
Maria Gonzales 6531 NW 46 St. Lauderhill, FL 33319	<input type="checkbox"/>		
Nomeriano Gonzales 6531 NW 46 St. Lauderhill, FL 33319	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)