

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058638

1. Entity Name

INTERSTATE NMB CORP.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90028 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2140 LEE RD  
CLEVELAND HTS OH 44118

2140 LEE RD  
CLEVELAND HTS OH 44118-2738

2. Principal Place of Business

8177 Glades Road

3. Mailing Address

8177 Glades Road

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

34-1869107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent-

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2000 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 ☐ Delete  
NAME **V**  
STREET ADDRESS **WASACZ, STANLEY**  
CITY-ST-ZIP **4311 FULTON ROAD**  
**CLEVELAND OH 44144**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Del T. Singer**  
CITY-ST-ZIP **7351 Valencia Drive**  
**Boca Raton, FL 33433-7407**

TITLE ☒ Change ☐ Addition  
NAME **Executive Vice President**  
STREET ADDRESS **Stanley Wasacz**  
CITY-ST-ZIP **4311 Fulton Road**  
**Cleveland, OH 44144**

TITLE ☐ Change ☒ Addition  
NAME **Vice President, Secretary**  
STREET ADDRESS **Michael J. Paul**  
CITY-ST-ZIP **20895 Pinar Trail**  
**Boca Raton, FL 33433**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Stanley Wasacz**  
CITY-ST-ZIP **4311 Fulton Road**  
**Cleveland, OH 44144**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)