FILED
May 29, 2002 8:00 am
Secretary of State
04-28-2002 90772 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059057

1. Entity Name
NRM Investment, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

89497

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7550 NW 75 Dr		7550 NW 75 Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Parkland FL		City & State: Parkland FL	
Zip: 33067	Country: USA	Zip: 33067	Country: USA

4. FEI Number: 65-0847936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Neal Margo
Street Address (P.O. Box Number is Not Acceptable): 7550 NW 75 Drive
City: Parkland FL Zip Code: 33067

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres / D NEAL MARGO 7550 NW 75 Dr. Parkland FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 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 #