

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90003 005 ***150.00

DOCUMENT # P98000070356

1. Entity Name

NURAEF & ASSOCIATES, INC.

Principal Place of Business

**2240 NW 87 AV
 PMV 0781
 MIAMI FL 33172**

Mailing Address

**2240 NW 87 AV
 PMV 0781
 MIAMI FL 33172**

Suite

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NURAEF, HEDY *Suite #*
2240 NW 87 AV, PMV 0781
MIAMI FL 33172

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 \$550.00 150
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **NURAEF, HEDY**
 STREET ADDRESS **5501 COLLINS AVE 16F**
 CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ Delete
 NAME **NURAEF, HEDY**
 STREET ADDRESS **2240 NW 87 Ave**
 CITY-ST-ZIP **apm. PMV 0781**

TITLE ☐ Delete
 NAME **MIAMI, FL 33172**
 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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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 of 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:

Hedy Nuraef
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/2001
 Date

305 756 1135
 Daytime Phone #

CR2E034 (5/01)

Attachments

AD79746

#P98000070356

07/20/2001

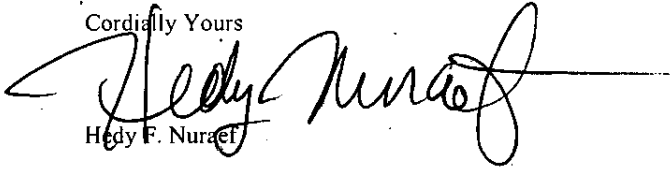
ATN> 2001 UNIFORM BUSINESS REPORT

Dear Sir/Madam:

I just received your SECOND NOTICE FOR THE 2001 UNIFORM BUSINESS REPORT and realized you have not received the FIRST original payment nor has the bank check cleared out yet. After speaking with a representative of your office, I am re-sending the original amount of \$150 and much appreciate your processing it accordingly. If you do receive that first check please just have it destroyed.

I am also filling out again the second form received.

Cordially Yours


Hedy F. Nuraef

PS> I am currently traveling and do not have my business checkbook or letterhead with me. Sorry!