

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90049 004 ***150.00

DOCUMENT # **008 60085411**

1. Entity Name

NLP INTERNATIONAL ART INC.

Principal Place of Business

Mailing Address

**3860 NORTHEAST 170TH STREET SUIT 206
NORTH MIAMI BEACH FL. 33160**

00060897

2. Principal Place of Business

3860 NORTHEAST 170TH STREET

3. Mailing Address

3860 NORTHEAST 170TH STREET

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

NORTH MIAMI BEACH FLORIDA

City & State

NORTH MIAMI BEACH FLORIDA

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0867930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIR NETIVI
3860 N.E. 170TH ST. #403
NORTH MIAMI BEACH FL. 33160**

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 **PRESIDENT** ☐ Delete
NAME **NIR NETIVI**
STREET ADDRESS **3860 N.E. 170TH ST #403**
CITY-ST-ZIP **N.M.B FL. 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

N. Netivi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-22-00 305-949-9507

CR2E034 (9/99)