

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000005214**

1. Entity Name

Neumann Machinery Inc

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90113 034 ***150.00

Principal Place of Business

Mailing Address

**4555 N. W 99 Ave Suite 104
Miami, FL 33178**

**555 Butterfield Road
Houston, TX 77090**

C0040417

2. Principal Place of Business

3. Mailing Address

**4555 N. W 99 Ave
Suite, Apt. #, etc.
104
Miami, Florida**

**555 Butterfield Road
Suite, Apt. #, etc.
#610
Houston, TX**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

33178

Country

77090

Country

65-0886372

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

Dusana Varga
555 Butterfield Road #610
Houston, TX 77090

Dusana Varga
4555 N. W 99 Ave Suite 104
Miami, FL 33178

8. If 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

Dusana Varga

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Dusana Varga	
STREET ADDRESS	555 Butterfield Road #610	
CITY-ST-ZIP	Houston TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dusana Varga

Date

Daytime Phone #

2-27-2000

CR2E034 (9/99)