

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2000 90110 050 \*\*\*150.00

60069415

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000015015

1. Entity Name  
**NAT NFC CORP.**

Principal Place of Business  
**220 ALHAMBRA CIRCLE**  
**CORAL GABLES- FL 33134**

Mailing Address  
**220 ALHAMBRA CIRCLE**  
**CORAL GABLES-FL 33134**

2. Principal Place of Business  
**36 N.E. 1 STREET**  
 Suite, Apt. #, etc.  
**204**  
 City & State  
**MIAMI-FL**

3. Mailing Address  
**36 N.E. 1 STREET**  
 Suite, Apt. #, etc.  
**204**  
 City & State  
**MIAMI-FL**

4. FEI Number  
**65-0898040**

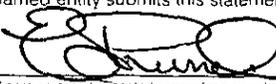
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33132** Country **U.S.A.** Zip **33132** Country **U.S.A.**

6. Name and Address of Current Registered Agent  
**JEFFREY E. LEHRMAN**  
**220 ALHAMBRA CIRCLE**  
**CORAL GABLES- FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**EDUARDO PRUNA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**36 N.E. 1 STREET STE. 204**  
 City **MIAMI** FL Zip Code **33132**

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  **EDUARDO PRUNA** **4-17-00**  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D/P</b>	<input type="checkbox"/> Delete	TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VERA, IRAIDA</b>		NAME <b>VERA, IRAIDA</b>	
STREET ADDRESS <b>220 ALHAMBRA CIRCLE</b>		STREET ADDRESS <b>36 N.E. 1 STREET #204</b>	
CITY-ST-ZIP <b>CORAL GABLES- FL 33134</b>		CITY-ST-ZIP <b>MIAMI-FL 33132</b>	
TITLE <b>D/VP</b>	<input type="checkbox"/> Delete	TITLE <b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRUNA, EDUARDO</b>		NAME <b>PRUNA, EDUARDO</b>	
STREET ADDRESS <b>220 ALHAMBRA CIRCLE</b>		STREET ADDRESS <b>36 N.E. 1 STREET #204</b>	
CITY-ST-ZIP <b>CORAL GABLES- FL 33134</b>		CITY-ST-ZIP <b>MIAMI- FL 33132</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **EDUARDO PRUNA** **4-17-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #