

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015015

1. Entity Name

NAT NFC CORP.

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

04-22-2000 90110 050 ***150.00

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

Mailing Address
220 ALHAMBRA CIRCLE
CORAL GABLES-FL 33134

60069415

2. Principal Place of Business
36 N.E. 1 STREET
Suite, Apt. #, etc.
204

3. Mailing Address
36 N.E. 1 STREET
Suite, Apt. #, etc.
204

DO NOT WRITE IN THIS SPACE

City & State
MIAMI-FL

City & State
MIAMI-FL

Zip
33132

Country
U.S.A.

Zip
33132

Country
U.S.A.

4. FEI Number
65-0898040

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

JEFFREY E. LEHRMAN
220 ALHAMBRA CIRCLE
CORAL GABLES- FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

EDUARDO PRUNA

(NOTE: Registered Agent signature required when reinstating)

4-77-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D/P	VERA, IRAIDA	220 ALHAMBRA CIRCLE	CORAL GABLES- FL 33134	<input type="checkbox"/>
D/V/P.	PRUNA, EDUARDO	220 ALHAMBRA CIRCLE	CORAL GABLES- FL 33134	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D/P	VERA, IRAIDA	36 N.E. 1 STREET #204	MIAMI-FL 33132	<input type="checkbox"/>
D/V/P	PRUNA, EDUARDO	36 N.E. 1 STREET #204	MIAMI- FL 33132	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO PRUNA

4-17-00

Date

Daytime Phone #