

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91572 024 ***150.00

DOCUMENT # P99000021841

1. Entity Name
NEXARM, INC.

Principal Place of Business

Mailing Address

8518 MILANO DRIVE
 APT 2023
 ORLANDO FL 32810

478 E. ALTAMONTE DR., STE. 108-133
 ATLAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

8624 Venezia Dr

8624 Venezia Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 24110

Apt 24110

City & State

City & State

Orlando

Orlando

Zip

Country

Zip

Country

32810

32810

4. FEI Number **59-3563206**

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

VALLANEX, GUILLAUME
THE ARBORS, 8613 PISA DR., APT 13211
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

8624 Venezia Dr

Apt 24110

Orlando

FL

Zip Code
32810

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

4/16/01

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
VALLANEX, GUILLAUME
8624 VENEZIA DRIVE, APT 24110
ORLANDO FL 32810

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
VANOER STICHELE, PETER
8505 MILANO DRIVE, APT 1839
ORLANDO FL 32810

☒ Delete

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 CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

4/16/01

CR2E034 (10/00)