

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042659

1. Entity Name  
NBRLK, INC.

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90075 026 \*\*\*150.00

025460 AV

Principal Place of Business  
4306 ALTON ROAD  
MAIMI BEACH FL 33140

Mailing Address  
4306 ALTON ROAD  
MAIMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLAUSTEIN, DONNA R ESQ.

20803 BISCAYNE

SUITE 200

AVENTURA FL 33180

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	NIXON, DANIEL D	
STREET ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	MAIMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAUSTEIN, ARNOLD S	
STREET ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	MAIMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATZAN, JUDITH R	
STREET ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	MAIMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTZKY, JOSE	
STREET ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	MAIMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRILL-JACKSON, ELISA A	
STREET ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	MAIMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Ratzen* R. Judith Ratzen

2/27/02 305-535-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)