

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048746

1. Entity Name

NR CHI INC

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90162 047 ***150.00

Principal Place of Business C/O SBAS 7777 N DAVIE RD EXTENSION SUITE 102B HOLLYWOOD FL 33024	Mailing Address C/O SBAS 7777 N DAVIE RD EXTENSION SUITE 102B HOLLYWOOD FL 33024-2523
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2. Principal Place of Business 1350 River Reach Dr #401	3. Mailing Address Suite, Apt. #, etc. #401
Suite, Apt. #, etc. #401	Suite, Apt. #, etc.
City & State FT LAUDERDALE FL	City & State
Zip 33315	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0923543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHEDIAK, MIRTA 7777 N DAVIE RD EXTENSION SUITE 102B HOLLYWOOD FL 33024	7. Name and Address of New Registered Agent Name: Nancy Rackear Street Address (P.O. Box Number is Not Acceptable): 1350 River Reach Dr. #401 City: Fort Lauderdale FL Zip Code: 33315
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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: Nancy Rackear DATE: May 1, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACKEAR, NANCY 1350 RIVER REACH DR APT 401 FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Nancy Rackear DATE: 5/1/00 DAYTIME PHONE #: 954) 463-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR