

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90191 049 ***150.00

DOCUMENT # P99000048746

1. Entity Name
NR CHI INC

Principal Place of Business
**1350 RIVER REACH DR #401
 FORT LAUDERDALE FL 33315**

Mailing Address
**1350 RIVER REACH DR #401
~~777 N DAVIS RD EXTENSION SUITE 102B~~
 FORT LAUDERDALE FL 33315**



2. Principal Place of Business

3. Mailing Address
1350 River Reach Dr #401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Lauderdale FL

Zip

Country

Zip
33315

Country
USA

4. FEI Number
65-0923543

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RACKEAR, NANCY
 1350 RIVER REACH DR #401
 FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

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

TITLE
D
 NAME
RACKEAR, NANCY
 STREET ADDRESS
1350 RIVER REACH DR APT 401
 CITY-ST-ZIP
FT LAUDERDALE FL 33315

☐ Delete

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

3/4/02

Date

Daytime Phone #

954/463-2442

CR2E034 (9/01)