


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049726	
1. Entity Name NORTEK REPAIR CENTER, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2665 S. Bayshore Drive		3. Mailing Address 2665 S. Bayshore Drive	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country U.S.A.	Zip 33133	Country U.S.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 650969884		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name GERSHMAN, DAVID		
Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive			
Suite 800			
City MIAMI		FL	Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUFFNER, MARILYN D. 2665 S. BAYSHORE DR., SUITE 800 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400024982654 11/24/03--01099--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MCDOWELL, DEREK A. 2665 S. BAYSHORE DR., SUITE 800 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JAMES 5300 NW 36 ST., BLDG. 850 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALONE, JAMES R. 5300 NW 36 ST., BLDG. 850 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, PRESTON ONE PNC PLAZA, 249 5TH AVE., 8TH FL PITTSBURGH, PA 15222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISIUS, MICHAEL 1919 PENNSYLVANIA AVE. NW WASHINGTON, DC 20006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MARTIN

11/13/03

Date

786-265-4251

Daytime Phone #

CR2E034B (12/02)