

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-26-2000 90141 048 ***150.00

DOCUMENT # P99000069932

(Name changed)

1. Entity Name

NDX INC OF NORTH CAROLINA

Maryland

Principal Place of Business

2612 SAWGRASSMILLS CIRCLE
 SUITE 1511
 SUNRISE FL 33323

Mailing Address

2612 SAWGRASSMILLS CIRCLE
 SUITE 1511
 SUNRISE FL 33323-3919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name *Doris Savel*
 Street Address (P.O. Box Number is Not Acceptable)
2612 Sawgrass Mills Circle
Suite 1511
 City *Sunrise* FL Zip Code *33323*

DO NOT WRITE IN THIS SPACE

4. FEI Number

250939090

Applied For
 Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SAVEL, DORIS	
STREET ADDRESS	2612 SAWGRASSMILLS CIRCLE SUITE 1511	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAVEL, SCOTT	
STREET ADDRESS	2612 SAWGRASSMILLS CIRCLE SUITE 1511	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #