

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2000 8:00 am**
Secretary of State

04-14-2000 90113 017 ***150.00

DOCUMENT # P99000074608

i. Entity Name

NIERENCHODI CORPORATION

Principal Place of Business

Mailing Address

221 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI, FL 33133**2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR**
MIAMI FL 33133-5419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. 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

NIERENBERG, ANDREW J ESQ.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	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
	PD	MALCHODI, MARY	1812 NORTH QUINN STREET, APT. 423							
		ARLINGTON VA 22209								
	VSD	NIERENBERG, ERIC R	38 GROVE STREET APT 7							
		BOSTON MA 02114								

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 or without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC R. NIERENBERG

Date

Daytime Phone #

MAHON Silvio

CR2E034 (9/99)