

DOCUMENT # P99000075095

1. Entity Name

N V L PROPERTIES, INC.

R

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90006 013 ***150.00

Principal Place of Business

7000 WEST PALMETTO PARK ROAD
SUITE 407
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD
SUITE 407
BOCA RATON FL 33433

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

65-0983433

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, PHILLIP M
2424 NE 22 STREET
POMPANO BEACH FL 33062

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RUBINEZ, RAFI
21218 SAINT ANDREWS BLVD., #624
BOCA RATON FL 33433 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUBINEZ, RAFI
21218 SAINT ANDREWS BLVD., #624
BOCA RATON FL 33433 ☐ DeleteTITLE
NAME
STREET ADDRESS
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☐ DeleteTITLE
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Date

Daytime Phone #



C.O. GROUP, INC.

Attachment
DIF P49000075095
DW70317

7000 W. Palmetto Park Rd.
Suite #407
Boca Raton, FL 33433
Phone: (561) 368-5420
Fax: (561) 368-5449

July 7, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

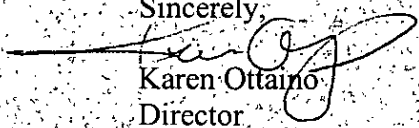
To Whom It May Concern:

We never received the original 2000 Uniform Business Report Form. I would have paid instantly.

Would you please consider waiving the late fee?

Thanking you in advance.

Sincerely,


Karen Ottaino
Director