

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90036 048 \*\*\*150.00

**DOCUMENT # P99000075854**

1. Entity Name

NESHUMA, INC.

Principal Place of Business

1903 N.W. 22ND STREET  
STUART FL 34994

Mailing Address

1903 N.W. 22ND STREET  
STUART FL 34994-9271

2. Principal Place of Business

12 A Osceola St.

Suite, Apt. #, etc.

3. Mailing Address

12 A Osceola St.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

USA

Zip

34994

Country

U.S.A.

4. FEI Number

65 095 2715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, MARLENE  
1903 N.W. 22ND STREET  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Marlene Gordon

Street Address (P.O. Box Number is Not Acceptable)

12 A Osceola St.

City

Stuart FL 34994

FL

Zip Code

34994

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GORDON, MARLENE  
CITY-ST-ZIP 1903 N.W. 22ND STREET  
STUART FL 34994

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NOVINS, BETH  
CITY-ST-ZIP 5700 N.E. ISLAND COVE WAY, #4404  
STUART FL 34996

TITLE ☒ Delete  
NAME D  
STREET ADDRESS STRUGNELL, LIONI  
CITY-ST-ZIP PO 1341  
PLETTENBERG BAY, S. AFRICA 6600

TITLE ☒ Delete  
NAME D  
STREET ADDRESS STRUGNELL, MICHAEL  
CITY-ST-ZIP PO 1341  
PLETTENBERG BAY, S. AFRICA 6600

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Marlene Gordon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-00

CR2E034 (9/99)