

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED

Sep 19, 2000 8:00 am
Secretary of State

08-17-2000 90002 032 ***550.00

DOCUMENT # P99000087997

1. Entity Name

NEVADA, INC.

Principal Place of Business

23402 SAVONA COURT
BOCA RATON FL 33433

Mailing Address

23402 SAVONA COURT
BOCA RATON FL 33433

2. Principal Place of Business

as above

3. Mailing Address

As above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name MORI SCHWEITZER

Street Address (P.O. Box Number is Not Acceptable)
6088 N.W. 24 TERRACE

City BOCA RATON

FL

Zip Code 33496

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/7/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DTP
NAME SCHWEITZER, MORI
STREET ADDRESS 23402 SAVONA COURT
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTP
NAME SCHWEITZER, MORI
STREET ADDRESS 6088 N.W. 24 TERRACE
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Change ☐ Addition

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

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

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

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

TITLE
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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

Daytime Phone #

CR2E034 (5/00)