

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088861

1. Entity Name

NBRA ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90490 037 ***150.00

Principal Place of Business

12545 S.W. 219 STREET
MIAMI FL 33170

Mailing Address

P.O. BOX 972658
MIAMI FL 33197-2658

2. Principal Place of Business

20483 SW 132 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33177

Country

Country

4. FEI Number

65-0956489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMODOVER, ANGEL L
12545 S.W. 219 STREET
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name ALMODOVER, ANGEL L

Street Address (P.O. Box Number is Not Acceptable)
20483 SW 132 AVENUE

City MIAMI, FL Zip Code 33177

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☐ Change ☐ Addition
NAME ALMODOVER, ANGEL L.
STREET ADDRESS 20483 SW 132 AVENUE
CITY-ST-ZIP MIAMI, FL 33177

TITLE T ☐ Change ☐ Addition
NAME ALMODOVER, NILSA
STREET ADDRESS 20483 SW 132 AVENUE
CITY-ST-ZIP MIAMI, FL 33177

TITLE V ☐ Change ☐ Addition
NAME NEGRON, RICARDO
STREET ADDRESS 20110 SW 113 PLACE
CITY-ST-ZIP MIAMI, FL 33189

TITLE S ☐ Change ☐ Addition
NAME NEGRON, REBECCA
STREET ADDRESS 20110 SW 113 PLACE
CITY-ST-ZIP MIAMI, FL 33189

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: Angel L Almodovar - ANGEL L ALMODOVER, PRES. 04/24/00 305-259-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)