

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092740

1. Entity Name

NACRE CORPORATION

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90365 006 ***150.00

0302161

Principal Place of Business
380 S.W. 17TH STREET
BOCA RATON FL 33432

Mailing Address
380 S.W. 17TH STREET
BOCA RATON FL 33432

816745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1515 S. FEDERAL Hwy
Suite, Apt. #, etc.
SUITE 213

3. Mailing Address
1515 S. FEDERAL Hwy
Suite, Apt. #, etc.
SUITE 213

City & State
BOCA RATON

City & State
BOCA RATON

4. FEI Number 65-0961978

Applied For
Not Applicable

Zip Country
FL 33432 USA

Zip Country
FL 33432 USA

5. 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

WENCELBLAT, MARIA ELENA
380 S.W. 17TH STREET
BOCA RATON FL 33432

Name: YVONNE HERRERA
Street Address (P.O. Box Number is Not Acceptable)
320 S.W. 17TH ST

City Zip Code
BOCA RATON FL 33432

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)

2/21/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D WENCELBLAT, MARIA ELENA ☒ Delete
NAME
STREET ADDRESS 380 S.W. 17TH STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D YVONNE HERRERA ☒ Change ☐ Addition
NAME
STREET ADDRESS 320 S.W. 17TH ST
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

DATE

62-561901-1796

561-7507113

Daytime Phone #

CR2E034 (10/00)