2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90047 002 ***150.00

DOCUMENT # P99000094239

1. Entity Name

NTAB INC.

Principal Place of Business	Mailing Address
3104 NW 107TH DRIVE SUNRISES FL 33351	3104 NW 107TH DRIVE SUNRISES FL 33351-6864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3104 NW 107TH DRIVE	P.O. BOX 451641
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL.	City & State: SUNRISE, FL, 33345-1641
Zip: 33351 Country: BROWARD	Zip: 33345-1641 Country: BROWARD

4. FEI Number: 65-0956687 — Applied For / Not Applicable

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
STRICK, ROBERT 3104 NW 107TH DRIVE SUNRISES FL 33351	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] 4-26-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President	TITLE	☐ Change ☐ Addition
NAME	Robert STRICK	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351 ☐ Delete	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Robert STRICK — 4-26-00 — 954-747-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #