## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

OR PRINTED NAME OF SIGNING OF

## DOCUMENT # **P99000100364** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name NEA CORP. 04-11-2000 90053 031 \*\*\*150.00 Principal Place of Business Mailing Address 881 OCEAN DRIVE. APT. 3F 881 OCEAN DRIVE, APT, 3F KEY BISCAYNE FL 33149-2601 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGIM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE SUITE 900 **MIAMI FL 33131** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change D TITLE [ ] Addition ☐ Delete TITLE ANGEL, AMPARO NAME NAME 881 OCEAN DRIVE, APT, 3F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NACHTIGALL, BRIGITTE NAME NAME STREET ADDRESS 881 OCEAN DRIVE, APT. 3F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition ☐ Delete TITLE TITLE NACHTIGALL. PATRICIA NAME NAME STREET ADDRESS 881 OCEAN DRIVE, APT. 3F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Addition Change Delete TITLE TITLE NACHTIGALL, ANDREA NAME NAME STREET ADDRESS 881 OCEAN DRIVE, APT. 3F STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** ☐ Addition TITLE Change ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone