

# 51 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100364

1. Entity Name  
NEA CORP.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90110 027 \*\*\*150.00

Principal Place of Business

881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

Mailing Address

881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

881 Ocean Dr 8A

Suite, Apt. #, etc.

Key Biscayne

Florida 33149

33149 U.S.A.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number 65-0961299

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

AGIM REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE SUITE 900  
MIAMI FL 33131

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, 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, 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 ☐ Delete  
NAME D  
STREET ADDRESS ANGEL, AMPARO  
CITY-ST-ZIP 881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NACHTIGALL, BRIGITTE  
CITY-ST-ZIP 881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NACHTIGALL, PATRICIA  
CITY-ST-ZIP 881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NACHTIGALL, ANDREA  
CITY-ST-ZIP 881 OCEAN DRIVE, APT. 3F  
KEY BISCAYNE FL 33149

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

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  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)