

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90125 003 ***150.00

DOCUMENT # S70179

1. Entity Name
N. C. 96, INC.



Principal Place of Business
**2600 S.W. 27TH AVENUE
MIAMI FL 33133**

Mailing Address
**2600 S.W. 27TH AVENUE
MIAMI FL 33133**

2. Principal Place of Business

53 SHORELAND DR.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 370398

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
KEY LARGO FL

Zip
33037

Country
USA

City & State
KEY LARGO FL

Zip
33037-0398

Country
USA

4. FEI Number
65-0830292

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, MARLENE T
2600 S.W. 27TH AVENUE
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **TAYLOR, MARLENE T**
Street Address (P.O. Box Number is Not Acceptable)
53 SHORELAND DR.
City **KEY LARGO** FL Zip Code **33037**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **TAYLOR, MARLENE T**
STREET ADDRESS **2600 SW 27TH AVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VPSD** ☒ Delete
NAME **TAYLOR, MARLENE T**
STREET ADDRESS **2600 SW 27 AVE**
CITY-ST-ZIP **MIAMI FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
NAME **MARLENE T. TAYLOR**
STREET ADDRESS **53 SHORELAND DR.**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **MARLENE T. TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03 305 453.7309

Date Daytime Phone #

CR2E034 (10/02)