

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78370

1. Entity Name

NEHAMA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90868 009 ***150.00

Principal Place of Business

6355 LA GORCE DRIVE
MIAMI BEACH FL 33141

Mailing Address

6355 LA GORCE DRIVE
MIAMI BEACH FL 33141

2. Principal Place of Business

19333 Collins Ave., #705
Suite, Apt. #, etc.

3. Mailing Address

19333 Collins Ave., #705
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles, Florida

Zip
33160

Country
USA

City & State
Sunny Isles, Florida

Zip
33160

Country
USA

4. FEI Number

65-0303469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATES, NEHAMA
6355 LA GORCE DR.
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19333 Collins Ave., #705

City

Sunny Isles

FL

Zip Code
33160

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, 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

TITLE
NAME
D
KATES, NEHAMA
STREET ADDRESS
6355 LA GORCE DRIVE
CITY-ST-ZIP
MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
☐ Change ☐ Addition

STREET ADDRESS
19333 Collins Ave., #705
CITY-ST-ZIP
Sunny Isles, FL 33160

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Nehama Kates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00
Date

(305) 466-2703
Daytime Phone #

CR2E034 (9/99)