

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90259 014 ***150.00

DOCUMENT # S78370

1. Entity Name
NEHAMA, INC.

Principal Place of Business

~~19333 COLLINS AVE~~
~~705~~
~~SUNNY ISLES FL 33160~~

Mailing Address

~~19333 COLLINS AVE~~
~~705~~
~~SUNNY ISLES FL 33160~~

2. Principal Place of Business

19111 Collins Avenue
 Suite, Apt. #, etc.
3004

3. Mailing Address

19111 Collins Avenue
 Suite, Apt. #, etc.
3004

City & State
Sunny Isles, FL

Zip
33160
 Country
USA

City & State
Sunny Isles, FL

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
~~19333 COLLINS AVE~~
~~705~~
~~SUNNY ISLES FL 33160~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
19111 Collins Avenue, #3004
 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, 2002 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 STREET ADDRESS CITY-ST-ZIP	D KATES, NEHAMA 19333 COLLINS AVE., 705 SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19111 Collins Avenue, #3004 Sunny Isles, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/25/02 305-466-2703
 Date Daytime Phone #

CR2E034 (9/01)