

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S87284**

1. Entity Name
NUVIEW ENTERPRISES, INC.



FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90164 039 ***150.00

0336620 AV

Principal Place of Business
**3125 OAKLAND SHORES DRIVE
B-106
OAKLAND PARK FL 33309
US**

Mailing Address
**3125 OAKLAND SHORES DRIVE
SUITE #B-106
OAKLAND PARK FL 33309
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0309638**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARX, RUTH
C/O GADUS
611 SOUTH WEST SEVENTH STREET
FT. LAUDERDALE FL 33315**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MAUCK, DAN J.**
STREET ADDRESS **400 NW 28 ST.**
CITY-ST-ZIP **WILTON MANORS FL**

TITLE **P.D.** ☒ Change ☐ Addition
NAME **Mauck, Dan J.**
STREET ADDRESS **3125 Oakland Shores Dr. # B106**
CITY-ST-ZIP **Oakland Park, FL 33309**

TITLE **ST** ☐ Delete
NAME **MAUCK, DAN J.**
STREET ADDRESS **400 NW 28TH ST**
CITY-ST-ZIP **WILTON MANORS FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Mauck, Dan J.**
STREET ADDRESS **3125 Oakland Shores Dr B-106**
CITY-ST-ZIP **Oakland Park, FL 33309**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Dan Mauck* **SIGNATURE REQUIRED** *Dan Mauck* 3/6/03 954-484-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 10/02