

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V11224

1. Entity Name

NATIONAL BUSINESS CENTER OF TAMARAC, INC.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

8400 N UNIVERSITY DR
SUITE 109
TAMARAC FL 33321
US

Mailing Address

8400 N UNIVERSITY DR
SUITE 109
TAMARAC FL 33321
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

65-0315729

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

SCHREIBER, BRUCE
8400 N UNIVERSITY DR.
TAMARAC FL 33321

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SD ☐ Delete
NAME SCHREIBER, LOUIS
STREET ADDRESS 8400 N UNIVERSITY DR.
CITY- ST- ZIP TAMARAC FL

TITLE PD ☐ Delete
NAME SCHREIBER, BRUCE
STREET ADDRESS 8400 N. UNIVERSITY DR.
CITY- ST- ZIP TAMARAC FL

TITLE V ☐ Delete
NAME ROOKS, BEVERLY
STREET ADDRESS 8400 NORTH UNIVERSITY DRIVE
CITY- ST- ZIP TAMARAC FL

TITLE ST ☐ Delete
NAME SCHREIBER, SYDNEY
STREET ADDRESS 8400 N. UNIVERSITY DRIVE
CITY- ST- ZIP TAMARAC FL 33321

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000329217
CITY- ST- ZIP 04/25/05-80107-008 150.00

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

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

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Bruce Schreiber

Bruce Schreiber President

4/22/05 (954) 7228400