

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91488 017 ***150.00

0308014 AV

DOCUMENT # V44280

1. Entity Name

NAFA EQUITIES INC.



Principal Place of Business
**20191 EAST COUNTRY CLUB DR.
APT. 1805
AVENTURA FL 33180**

Mailing Address
**20191 EAST COUNTRY CLUB DR.
APT. 1805
AVENTURA FL 33180**

2. Principal Place of Business

2000 ISLAND BLVD.

3. Mailing Address

2000 ISLAND BLVD

Suite, Apt. #, etc.

2309

Suite, Apt. #, etc.

2309

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0342314

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

SOKOLOFF, NANCE

20191 E. COUNTRY CLUB DR.

APT. 1805

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **NANCE SOKOLOFF FREEMAN**

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

2000 ISLAND BLVD

APT 2309

City

AVENTURA

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. 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SOKOLOFF, NANCE 20191 E COUNTRY CLUB DR. AVENTURA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEMAN, ALAN L 20191 E COUNTRY CLUB DR AVENTURA FL	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCE SOKOLOFF FREEMAN 2000 ISLAND BLVD APT 2309 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 ISLAND BLVD APT 2309 AVENTURA, FL 33160	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

NANCE SOKOLOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24/03
Date

305-932-1233
Daytime Phone #

CR2E034 (10/02)