

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V70054**

1. Entity Name

NASERA CORPORATION**FILED**
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90011 049 ***150.00

018830

Principal Place of Business
**11900 BISCAYNE BLVD
SUITE #200
MIAMI FL 33181
US**

Mailing Address
**PO BOX 546702
BAL HARBOUR FL 33154
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 **65-0361250** Applied For
Not Applicable5. 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

**SMITH, LINDA M
11900 BISCAYNE BLVD
SUITE 200
NORTH MIAMI FL 33181**

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.

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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>		KUCERA, RICHARD J.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6611 UNION GROVE				4524 Ridge Trail				
		HILLSBOROUGH NC 27278				Efland NC 27243				
	AS			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		SMITH, LINDA M ESQ								
		11900 BISCAYNE BLVD SUITE #200								
		MIAMI FL 33181								
				<input type="checkbox"/>		D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						David T. Ralph				
						118 Lafayette Street				
						Hillsborough NC 27278				
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**Richard J. Kucera, President** **30 March 01** **(919) 732-1822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)