## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000086434 Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** NANDE INTERNATIONAL PUBLISHING, INC. 03-16-2000 90089 027 \*\*\*150.00 Principal Place of Business Mailing Address 13410 SOUTHWEST 18TH STREET 13410 SOUTHWEST 18TH STREET MIAMI FL 33175-1002 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address 13410 S.W. 18\* DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 45-0951580 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE □ Delete NANDE, NORMA NAME STREET ADDRESS STREET ADDRESS 13410 SOUTHWEST 18TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition Change CEOD ☐ Delete TITLE NAME NANDE, JOHN M NAME STREET ADDRESS STREET ADDRESS 13410 SOUTHWEST 18TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MORENO, ELSA STREET ADDRESS STREET ADDRESS 13410 SOUTHWEST 18TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change Addition TITLE TITLE ☐ Delete MORENO, ARMANDO NAME NAME STREET ADDRESS STREET ADDRESS 13410 SOUTHWEST 18TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

naude

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Addition

☐ Change