

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90154 037 \*\*\*158.75

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**DOCUMENT # K79367**

1. Entity Name

**NICOLINA ENTERPRISES, INC.**



Principal Place of Business

**3201 NW 24TH ST/RD  
MIAMI FL 33142-6913**

Mailing Address

**3201 NW 24TH ST/RD  
MIAMI FL 33142-6913**

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 **65-0142623**

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

**MONOCANDILOS, JORDAN  
3201 NW 24 ST/RD  
MIAMI FL 33142**

7. Name and Address of New Registered Agent

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **MONOCANDILOS, JORDAN**  
CITY-ST-ZIP **3201 NW 24 ST/RD  
MIAMI FL**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **MONCONADILOS, THEODORA**  
CITY-ST-ZIP **3201 NW 24 ST/RD  
MIAMI FL**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DIAZ, AURORA**  
CITY-ST-ZIP **3201 NW 24 ST/RD  
MIAMI FL**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ISERN, JORGE**  
CITY-ST-ZIP **3201 NW 24 ST/RD  
MIAMI FL**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **MONOCANDILOS, NICOLAS**  
CITY-ST-ZIP **3201 NW 24 ST RD  
MIAMI FL 33142**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80135964  
#K79367

NICOLINA ENTERPRISES INC.  
3201 NW 24<sup>TH</sup> ST/RD  
MIAMI, FL 33142

July 30, 2003

Wednesday, July 30, 2003

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS

To Whom It May Concern:

We did not receive the first notice for the payment of the UBR for 2003 for this corporation. We would like to petition the waving of the late fees due for this year. We are including the original \$150.00 filing fee plus the additional fee of \$8.75 to receive the Certificate of good standing.

Regards:



Jordan Monocandilos  
President.