

5/27

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90322 007 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000016435**  
1. Entity Name  
**NICHOLAS BROTHERS RAPID TRANSPORT, INC.**

Principal Place of Business  
**14260 SW 121ST PLACE**  
**MIAMI FL 33186**

Mailing Address  
**14260 SW 121ST PLACE**  
**MIAMI FL 33186**



2. Principal Place of Business  
~~14260 SW 121st Pl~~

3. Mailing Address  
~~14260 SW 121st Pl~~

Suite, Apt. #, etc.  
**MIAMI FL**

City & State  
**FL**

Zip  
**33186**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**02-0581958**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NICHOLAS, GEOFFREY M**  
**14260 SW 121ST PLACE**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent  
Name: **SAN GEOFFREY M NICHOLAS SR**  
Street Address (P.O. Box Number is Not Acceptable)  
**14260 SW 121 PL MIAMI FL**  
City **MIAMI** FL Zip Code **33186**

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]* (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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>PRESEDENT</b> <b>GEOFFREY M NICHOLAS SR</b> <b>14260 SW 121 PL MIAMI FL</b> <b>33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>THELMA NICHOLAS</b> <b>1217A SW 137 TERRACE</b> <b>MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEOFFREY M NICHOLAS SR</b> <b>VICE PRESIDENT</b> <b>14260 SW 121 PL MIAMI</b> <b>FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SAN GEOFFREY M. NICHOLAS SR** 4/27/02 954-605-5722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)