2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

**SIGNATURE** 

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P98000074454 1. Entity Name 05-03-2004 90659 007 \*\*\*150 00 NICOLE'S PLACE CORPORATION Principal Place of Business Mailing Address 5446 N. BAY RD P.O. BOX 402097 MIAMI BCH FL 33140 MIAMI BEACH FL 33140-2097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0859757 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLOTTMANN, SAUL Street Address (P.O. Box Number is Not Acceptable) 5446 N. BAY RD. MIAMI BCH FL 33140 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition GLOTTMAN, SAUL NAME NAME STREET ADDRESS 5446 N. BAY DR STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME GLOTTMAN, DALIA NAME 5446 N. BAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CHY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME: NAME GLOTTMAN, JACK STREET ADDRESS STREET ADDRESS 5446 N. BAY DR CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)F CITY-ST-ZIP ☐ Change TITLE TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers 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 v other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**