

DOCUMENT # V10143			
1. Entity Name J.D. NITKIN, INC.			
Principal Place of Business 2911 PORT BLVD BISCAYNE BAY PILOTS MIAMI FL 33132		Mailing Address 2911 PORT BLVD BISCAYNE BAY PILOTS MIAMI FL 33132-2094	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
HERMAN & ROOF, PA ONE S E THIRD AVE AMERIFIRST BLDG, SUITE 2110 MIAMI FL 33131			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	D ☐ Delete		TITLE
NAME	NITKIN, JONATHAN D		NAME
STREET ADDRESS	321 E SAN MARINO DR		STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH FL		CITY-ST-ZIP
TITLE	☐ Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	☐ Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	☐ Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	☐ Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	☐ Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.2 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, F.S., 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			

SIGNATURE: *[Signature]* 4-28-00 (305) 531-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 '9/99'