

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-26-2002 90062 014 ****61.25

DOCUMENT # N99000001353

1. Entity Name

THE NICHOLAS LITES FOUNDATION INC.

Principal Place of Business

Mailing Address

9910 SW 147TH ST.
 MIAMI FL 33176

9910 SW 147TH ST.
 MIAMI FL 33176

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

65-0912192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.
 ONE BISCAYNE TOWER, SUITE 3550
 S. SOUTH BISCAYNE BLVD.
 MIAMI FL 33131

Name

ATICK, JOE

Street Address (P.O. Box Number is Not Acceptable)

2275 NW 84TH AVE

City

MIAMI

FL

Zip Code

33122

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LITES, DEANNA**
 CITY-ST-ZIP **9725 NW 52ND ST., #406**
MIAMI FL 33176

TITLE ☒ Change ☐ Addition
 NAME **ATICK, JOE**
 STREET ADDRESS **2275 NW 84TH AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DINU, EVELYN**
 CITY-ST-ZIP **1789 SQUIRREL VALLEY DR.**
BLOOMFIELD HILLS MI 48304

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

TITLE ☐ Delete
 NAME **ATICK, JOE J**
 STREET ADDRESS **2275 NW 84TH AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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 617, 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 REQUIRED

Feb 5/02

305-406-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)