

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

DOCUMENT # 306833 506333

1. Entity Name

Nicerja Enterprises, Inc.



FILED

03 APR 15 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20020 NW 80th Dr

Suite, Apt. #, etc.

3. Mailing Address

20020 NW 80th Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okeechobee Florida

City & State

Okeechobee Florida

4. FEI Number

65-0016638

Applied For

Not Applicable

Zip

34972

Country

Zip

34972

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Domenic H Calicchia

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

1520 Bottlebrush Dr NE Ste 2M

City

Palm Bay

FL

Zip Code

32905

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

DP

NAME

Ordonez, Javier

STREET ADDRESS

20020 NW 80th Dr

CITY-ST-ZIP

Okeechobee FL 34972

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400015549934

04/09/03--01029--007 \*\*150.00

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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 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 #

CR2E034B (12/02)