

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 640952

1. Entity Name

S.I. NICHOLAS, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 038 ***158.75

Principal Place of Business

Mailing Address

1600 SOUTH FEDERAL HWY
SUITE 811
POMPANO BEACH FL 33062
US

1600 SOUTH FEDERAL HWY
SUITE 811
POMPANO BEACH FL 33316-1237
US

2. Principal Place of Business

P.O. BOX 813817

3. Mailing Address

PO BOX 813817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-1847103

Applied For

Not Applicable

Zip

Country

33081-3817 USA

Zip

Country

33081-3817 USA

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

NICHOLAS, SAMIR I.
1600 SOUTH FEDERAL HWY
SUITE 811
POMPANO BEACH FL 33062

Name

NICHOLAS, Samir I.

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

334 NE 7 AVE

City

FT. LAUDERDALE

FL

Zip Code

33301

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

SAMIR I. NICHOLAS, VP.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/00

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

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 VSTS ☐ Delete
NAME NICHOLAS, SAMIR I.
STREET ADDRESS 1600 SOUTH FEDERAL HWY STE. 811
CITY-ST-ZIP POMPAO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME * VSTS NICHOLAS, SAMIR I.
STREET ADDRESS 334 NE 7 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE P ☐ Delete
NAME NICHOLAS, WENDY F.
STREET ADDRESS 1600 SOUTH FEDERAL HWY STE. 811
CITY-ST-ZIP POMPAO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME P NICHOLAS, WENDY F.
STREET ADDRESS 334 NE 7 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

954-523-1976

Daytime Phone #

CR2E034 (9/99)