

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90033 047 \*\*\*150.00

DOCUMENT # 640952

1. Entity Name

S.I. NICHOLAS, INC.

Principal Place of Business

PO BOX 813817  
HOLLYWOOD FL 33081  
US

Mailing Address

PO BOX 813817  
SUITE 811  
HOLLYWOOD FL 33081  
US

2. Principal Place of Business

334 NE 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

334 NE 7 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number 59-1847103

Applied For

Not Applicable

Zip  
33301

Country  
USA

Zip  
33301

Country  
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.  
334 NE 7 AVE  
FORT LAUDERDALE FL 33301

Name

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

City

FL

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.

SIGNATURE SAMIR NICHOLAS

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01  
DATE

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, 2001 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  
NAME NICHOLAS, SAMIR I.  
STREET ADDRESS 334 NE 7 AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P  
NAME NICHOLAS, WENDY F.  
STREET ADDRESS 334 NE 7 AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Wendy Nicholas, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

954-523-1638

Daytime Phone #

CR2E034 (10/00)