

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000003169

1. Entity Name
NIKA DEVELOPMENT, LLC

00 JUN -5 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2515 MERCEDES DRIVE
FORT LAUDERDALE FL 33316

Mailing Address
2515 MERCEDES DRIVE
FORT LAUDERDALE FL 33316-2325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15 West Las Olas Blvd
Suite, Apt. #, etc.

3. Mailing Address
2260A SE 17th Street
Suite, Apt. #, etc.

City & State
Ft LAUDERDALE, FL
Zip 33301 Country

City & State
Ft LAUDERDALE, FL
Zip 33316 Country

4. FEI Number 65-0867744 APPLIED FOR
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, KENNETH J. ESQ.
C/O FEDER & DUNN, P.A.
1701 W. HILLSBORO BLVD., SUITE 302
FORT LAUDERDALE FL 33342

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAVUSKAN, MICHAEL 2515 MERCEDES DRIVE FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOURTAKOV, ALEXANDER 2515 MERCEDES DRIVE FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAVUSKAN, MICHAEL 1711 NW 99th AVE Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700003342977-3 -08/02/00--01003--011 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/24/00 (954) 463-0069
Date Daytime Phone #

CR2E083 (9/99)