

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90021 040 *****70.00

DOCUMENT # N00000002266

1. Entity Name

CREATIVE CONCEPTS OF NIKA, INC.

Principal Place of Business

Mailing Address

528 NORTHWEST 19TH STREET
MIAMI FL 33136-1224**528 NORTHWEST 19TH STREET**
MIAMI FL 33136-1224

2. Principal Place of Business

528 NW 19th STREET

3. Mailing Address

528 N.W. 19th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

33136**USA**

Zip

Country

33136**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

ADKER, WILLENE**528 NORTHWEST 19TH STREET**
MIAMI FL 33136-1224

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 **DV** ☐ Delete
NAME **MCINTOSH, NIKKI**
STREET ADDRESS **528 NORTHWEST 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33136-1224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DST** ☐ Delete
NAME **MCINTOSH, TRANIKA**
STREET ADDRESS **528 NORTHWEST 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33136-1224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **WALKER, TAURUS**
STREET ADDRESS **528 NORTHWEST 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33136-1224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **ADKER, WILLENE**
STREET ADDRESS **528 NORTHWEST 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33136-1224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01 (305) 576-9974

CR2E037 (10/00)