

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002266

1. Entity Name

CREATIVE CONCEPTS OF NIKA, INC.

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90013 009 ****70.00

0007550

Principal Place of Business	Mailing Address
528 NORTHWEST 19TH STREET MIAMI FL 33136	528 NORTHWEST 19TH STREET MIAMI FL 33136

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 6091
City & State	MIAMI, FLORIDA
Zip	33101
Country	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ADKER, WILLENE 528 NORTHWEST 19TH STREET MIAMI FL 33136-1224

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. 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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	MCINTOSH, NIKKI	
STREET ADDRESS	528 NORTHWEST 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33136-1224	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCINTOSH, TRANIKA	
STREET ADDRESS	528 NORTHWEST 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33136-1224	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALKER, TAURUS	
STREET ADDRESS	528 NORTHWEST 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33136-1224	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ADKER, WILLENE	
STREET ADDRESS	528 NORTHWEST 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33136-1224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

SIGNATURE

7/14/02 (385) 576-5524

CR2E037 (4/02)