

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-07-2003 90098 012 *****61.25

3/7/

DOCUMENT # N96000006150

1. Entity Name

NIA GROUP, INC.



Principal Place of Business
**17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

Mailing Address
**17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0712638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**JACKSON, MARK A
17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **CD JACKSON, MARK** ☒ Delete
STREET ADDRESS **921 N.E. 182ND TERRACE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE NAME **Secretary D Valarie Ferguson** ☐ Change ☒ Addition
STREET ADDRESS **130 NW 193 Street**
CITY-ST-ZIP **Miami, FL 33169**

TITLE NAME **VCD JOHNS, CLAUDIA** ☐ Delete
STREET ADDRESS **530 N.W. 152ND STREET**
CITY-ST-ZIP **N. MIAMI FL 33169**

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

TITLE NAME **SD STEPHENS, LAVERNE** ☒ Delete
STREET ADDRESS **5314 N.W. 25TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33313**

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

TITLE NAME **TD VICKERS, MILTON** ☒ Delete
STREET ADDRESS **4343 W. FLAGLER STREET, STE. 210**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 the like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

03/04/03