

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90015 029 ****61.25

DOCUMENT # N97000007019

1. Entity Name

SOUTH FLORIDA NIKKEN INDEPENDENT DISTRIBUTORS AW

Principal Place of Business

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

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

65-0800423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRELLA, TED
1000 WEST MCNAB ROAD
POMPANO BEACH FL 33069

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME JACKSON, KATHIE
STREET ADDRESS 713 RIVIERA ISLE
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE VD ☐ Delete
NAME RACKO, ALAN
STREET ADDRESS 1000 ST. CHARLES PLACE #103
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VD ☒ Delete
NAME CORNER, HAROLD
STREET ADDRESS 5219 LAKEVIEW DR
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE VD ☐ Delete
NAME MAITLAND, JACK
STREET ADDRESS 1520 NN 56TH LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE TD ☒ Delete
NAME KILE, LARRY
STREET ADDRESS 2362 NW 56TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☒ Delete
NAME WOOD, JANET
STREET ADDRESS 5752 SW 58TH TERRACE
CITY-ST-ZIP COOPER CITY FL 33328

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition
NAME GINA BEMIS
STREET ADDRESS 1655 NW 41 STREET
CITY-ST-ZIP OAKLAND PARK, FL 33309

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

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

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

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

TITLE SECRETARY ☐ Change ☒ Addition
NAME BARBARA PROULX
STREET ADDRESS 1254 MEADOWS BLVD.
CITY-ST-ZIP WESTON, FL 33327

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: *GINA BEMIS* GINA BEMIS TREASURER 1/12/01 954-771-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)