

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000015716

1. Entity Name

NOKI CORPORATION

Principal Place of Business

Mailing Address

19406 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 3318019406 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

3619 NE 207 Street

3619 NE 207 Street

Suite, Apt. #, etc.

H 2210

Suite, Apt. #, etc.

H 2210

City &amp; State

Aventura - Florida

City &amp; State

Aventura - Florida

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0986086

Applied For

Not Applicable

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

ADELSOHN, LUIS A  
19406 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ADELSOHN, LUIS A  
19406 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ADELSOHN, LILIANA  
19406 EAST COUNTRY CLUB DRIVE  
AVENTURA FL 33180 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

4-28-01 305-608-2841

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90209 014 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)