

2001 UNIFORM BUSINESS REPORT (UBR) -

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90027 010 ***150.00

DOCUMENT #
1. Entity Name *P000000067563*
NIKKA, INC.

Principal Place of Business *6564 N. STATE RD 7*
Mailing Address *COCONUT CREEK, FL. 33073*

2. Principal Place of Business *6564 N. ST. RD 7*
3. Mailing Address *6564 N. STATE RD 7*

Suite, Apt. #, etc.
City & State *COCONUT CR, FLORIDA*

City & State *COCONUT CR, FLORIDA*
City & State *SAME*

Zip *33073* **Country** *U.S.A.* **Zip** *33073* **Country** *U.S.A.*

4. FEI Number *65-1024573* **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

659241

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD B. NADOL
800 CORPORATE DR.
SUITE 420
FT. LAUDERDALE, FL. 33334

Name *DAVID AUTORE*
Street Address (P.O. Box Number is Not Acceptable) *2700 RIVERSIDE DR.*
Apt *306B.*
City *CORAL SPRINGS, FL* **Zip Code** *33065*

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 *David Autore*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME <i>DAVID AUTORE</i>	
STREET ADDRESS <i>2700 RIVERSIDE DR.</i>	
CITY-ST-ZIP <i>CORAL SPRINGS, FL. 33065</i>	
TITLE <i>VICE PRESIDENT</i>	<input type="checkbox"/> Delete
NAME <i>JOANNE CENTENO</i>	
STREET ADDRESS <i>2700 RIVERSIDE DR.</i>	
CITY-ST-ZIP <i>CORAL SPRINGS, FL. 33065</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *David Autore* *President* *4/15/01* *954-255-2137*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)