DOCUMENT # P00000103731 1. Entity Name NIKYDAN CABLE & CONSTRUCTIONS, INC.

Principal Place of Business 2445 SW 18TH TERRACE, #919 FT. LAUDERDALE FL 33315

Mailing Address

2445 SW 18TH TERRACE, #919

FT: LAUDERDALE FL 33315

2. Principal Place of Business
2445 GM 18 TERRACE 3. Mailing Address 9601 Sw 142 AVE. Suite, Apt. #, etc.

FILED

08-06-2002 90134 041 ***563.75

Aug 06, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE

City & State つのは

FLORUNA

5. Certificate of Status Desired

Not Applicable \$8.75_Additional.

Applied For

7. Name and Address of New Registered Agent

DEUTSCHLANDER, KIKY 2445 SW 18TH TERRACE, #919 FT. LAUDERDALE FL 33315

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

4. FEI Number

65-1058859

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.

FILE NOW!!! FEE IS \$550.00

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE DEMTSHLANDER, NIKY NAME NAME STREET ADDRESS 2445 SW 18TH TER #919 STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-ZIP CITY-ST-ZIP D TITLE Delete TITLE Change ■ Addition IVANCU. DANIEL NAME NAME STREET ADDRESS 2445 S.W 18TH TERR #919 STREET ADDRESS CITY:ST-ZIP FORT-LAUDERDALE FL 33315 CITY-ST-ZIP ■ Addition

TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7P ☐ Delete Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

Delete TITLE ☐ Change ■ 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 activess, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP -

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.01. 2002. 786-176-5038

Date Daytime Phone #

☐ Addition