

2/27

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90037 004 \*\*\*150.00

**DOCUMENT # P00000111136**

1. Entity Name

**MARY-ANN NICHOLSON GROUP CORP.**

Principal Place of Business

**1733 NW 38 AVE.**  
**LAUDERHILL FL 33311**

Mailing Address

**POST OFFICE BOX 590426**  
**FORT LAUDERDALE FL 33359**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1059054**

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

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**
Name **Mary-Ann Nicholson**

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

**1733 NW 38th Ave.**

City

**Lauderhill****FL**Zip Code  
**33311**

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, 2002 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	<b>PD</b> <b>NICHOLSON, MARY-ANN</b> <b>101 NORTHWEST 33RD WAY</b> <b>FORT LAUDERDALE FL 33309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NICHOLSON, MARY-ANN</b> <b>1733 NW 38th Ave,</b> <b>Lauderhill, FL, 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>NICHOLSON, PETER G</b> <b>101 NORTHWEST 33RD WAY</b> <b>FORT LAUDERDALE FL 33309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>NICHOLSON, PETER G</b> <b>1733 NW 38th Ave,</b> <b>Lauderhill, FL, 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/02 (954) 739-8595**  
 Date Daytime Phone #

CR2E034 (9/01)