

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90014 004 ***150.00

DOCUMENT # P00000114264

1. Entity Name

NIKEY PAINTING SERVICES, INC.

Principal Place of Business

6784 PALMETTO CIRCLE SOUTH #105
 BOCA RATON FL 33433

Mailing Address

6784 PALMETTO CIRCLE SOUTH #105-
 BOCA RATON FL 33433

2. Principal Place of Business

6784 Palmetto C. South
 Suite, Apt. #, etc.
 105

3. Mailing Address

6784 Palmetto C. South
 Suite, Apt. #, etc.
 105

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1060673

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORAO, PAULO
 6784 PALMETTO CIRCLE SOUTH #105
 BOCA RATON FL 33433

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

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 \$650.00~~

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MORAO, PAULO	
STREET ADDRESS	6784 PALMETTO CIRCLE SOUTH #105	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	DE FREITAS, JAIRO	
STREET ADDRESS	9467 BOCA COVE CIRCLE #815	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-01

Date

Daytime Phone #

CR2E034 (10/00)