

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 034 ***150.00

DOCUMENT # P01000016810

1. Entity Name

NIKOS DISTRIBUTION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13981 SW 122 AVE.

Suite, Apt. #, etc.

UNIT 308

City & State
MIAMI FL

3. Mailing Address

13981 SW 122 AVE

Suite, Apt. #, etc.

Unit 308

City & State
MIAMI FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1096692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

33186

33186

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RIOS, JUAN A.

Street Address (P.O. Box Number is Not Acceptable)
13981 SW 122 AVE. #308

City
Miami

FL

Zip Code
33186

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

JUAN A. RIOS

4-29-2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	SANTI, ANGEL
STREET ADDRESS	13981 SW 122 Ave. #308
CITY-ST-ZIP	Miami, FL 33186
TITLE	SD
NAME	RIOS, JUAN A.
STREET ADDRESS	13981 SW 122 AVE. #308
CITY-ST-ZIP	Miami, FL 33186
TITLE	TD
NAME	AIELLO, CARLOS V.
STREET ADDRESS	13981 SW 122 AVE. Unit #308
CITY-ST-ZIP	Miami, FL 33186

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Juan A. Rios, Secretary

4-29-2002

786-486-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034B (12/01)