

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 014 ***150.00

DOCUMENT # **PO10000031978**

1. Entity Name

Niko-Laos Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2109 Palm Avenue

Suite, Apt. #, etc.

Suite 306

City & State

Tampa, Florida

Zip

33605

Country

USA

3. Mailing Address

2109 Palm Avenue

Suite, Apt. #, etc.

Suite 306

City & State

Tampa, Florida

Zip

33605

Country

USA

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4. FEI Number

593723032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Eduardo Sardinha

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME

**President
Eduardo Sardinha**

STREET ADDRESS

1705 Chapel Tree Circle Apt #E

CITY-ST-ZIP

Brandon, Florida 33511

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.23.02 813.248.3699