FILED
Apr 14, 2003 8:00 am
Secretary of State
03-26-2003 90141 036 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049382

1. Entity Name
NIKKISHOOK ENT. INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 15251 NE. 18th AV	3. Mailing Address: 620 S. PARK ROAD
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.: #236
City & State: NORTH MIAMI BEACH, FL	City & State: HOLLYWOOD FL
Zip: 33162 Country: US	Zip: 33021 Country: US

4. FEI Number: 65-1100736 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: NICOLE NGUYEN-VAN BINH
Street Address (P.O. Box Number is Not Acceptable): 620 S. PARK ROAD #236
City: HOLLYWOOD FL Zip Code: 33021

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.

SIGNATURE: [signature] 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NICOLE NGUYEN-VAN BINH / 620 S. PARK RD #236 / HOLLYWOOD FL 33021
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/21/2003 561 222 0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #