

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90097 042 \*\*\*150.00

0134857 AV

**DOCUMENT # P01000068529**

1. Entity Name

**NIKSTER LOGISTICS, CORP.**

Principal Place of Business

1140 W 50TH STREET  
 SUITE 207-A  
 HIALEAH FL 33012

Mailing Address

1140 W 50TH STREET  
 SUITE 207-A  
 HIALEAH FL 33012

2. Principal Place of Business

7987 NW 21ST STREET  
 Suite, Apt. #, etc.

3. Mailing Address

7987 NW 21ST STREET  
 Suite, Apt. #, etc.

City & State

MIAMI- FL

City & State

MIAMI- FL

4. FEI Number

65-1143688

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIBEIRO, YVONETTE M**  
**1140 W 50TH STREET**  
**SUITE 207-A**  
**HIALEAH FL 33012**

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, 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

TITLE **PTSD** ☐ Delete  
 NAME **RIBEIRO, YVONETTE M**  
 STREET ADDRESS **1140 W 50TH STREET #207-A**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete  
 NAME **KERN, SHEILA**  
 STREET ADDRESS **1140 W 50TH STREET #207-A**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **SHEILA KERN**  
 STREET ADDRESS **7987 NW 21ST STREET**  
 CITY-ST-ZIP **MIAMI- FL 33122**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7987 NW 21ST STREET**  
 CITY-ST-ZIP **MIAMI- FL 33122**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*SHEILA KERN* **SHEILA KERN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 (305) 275-6490

Date Daytime Phone #

CR2E034 (9/01)