

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90213 048 \*\*\*150.00

**DOCUMENT # P01000087020**

**1. Entity Name**  
**NIKOLE D. POLLACK & ASSOCIATES, INC.**

**Principal Place of Business**

**5220 NW 55TH BLVD., #205**  
**COCONUT CREEK FL 33073**

**Mailing Address**

**5220 NW 55TH BLVD., #205**  
**COCONUT CREEK FL 33073**

**2. Principal Place of Business**

**3220 S.E. QUAY ST.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**3220 S.E. QUAY ST.**  
 Suite, Apt. #, etc.

**City & State**

**PORT ST. LUCIE, FL**

**City & State**

**PORT ST. LUCIE, FL**

**4. FEI Number**

**65-1140058**

**Applied For**

**Not Applicable**

**Zip**

**34984**

**Country**

**Zip**

**34984**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POLLACK, NIKOLE D**

**5220 NW 55TH BLVD., #205**

**COCONUT CREEK FL 33073**

**3220 S.E. QUAY ST.**  
**PORT ST. LUCIE, FL**  
**34984**

**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**

*Nikole Pollack* **SEE BELOW**

**4/24/02**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PSD POLLACK, NIKOLE D**  
**STREET ADDRESS** **5220 NW 55TH BLVD., #205**  
**CITY-ST-ZIP** **COCONUT CREEK FL 33073**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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:**

*Nikole Pollack* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/02**

CR2E034 (9/01)