

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90165 010 ***150.00

0652568 AV

DOCUMENT # P01000089292

1. Entity Name
NICNIRA, INC.

Principal Place of Business
223 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741

Mailing Address
223 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3744088

Applied For

Not Applicable

Zip

Country

Zip

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

~~MAMBRU, NICOLAS~~
223 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741

Name **NICHOLAS MAMBRU**
 Street Address (P.O. Box Number is Not Acceptable)
223 S. JOHN YOUNG PKWY
KISSIMMEE
 City **FL** Zip Code **34741**

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)

1/20/02
 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 **PD** Delete
 NAME **MAMBRU, NICOLAS**
 STREET ADDRESS **223 S JOHN YOUNG PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **PD** Change Addition
 NAME **NICHOLAS MAMBRU**
 STREET ADDRESS **223 S. JOHN YOUNG PKWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **STD** Delete
 NAME **MAMBRU, ANIRA**
 STREET ADDRESS **223 S JOHN YOUNG PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **STD** Change Addition
 NAME **ANIRA MAMBRU**
 STREET ADDRESS **223 S. JOHN YOUNG PKWY**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 **1/20/02**
 Date

407-935-6867
 Daytime Phone #

CR2E034 (9/01)