

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


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**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90138 041 \*\*\*150.00

**DOCUMENT #** P01000112958

**1. Entity Name**  
NIKI EXPRESS CLEANING, INC.



**Principal Place of Business**  
8392 DENISE DRIVE EAST  
SEMINOLE FL 33777

**Mailing Address**  
8392 DENISE DRIVE EAST  
SEMINOLE FL 33777

**2. Principal Place of Business**  
7200 US Hwy 19 N

**3. Mailing Address**  
P.O. Box 20513

Suite, Apt. #, etc.

**City & State**  
Pinellas Park, FL

**City & State**  
ST. Petersburg, FL

**Zip**  
33781

**Country**  
Pinellas

**Zip**  
33742

**Country**  
Pinellas



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3759892

☒ Applied For  
☐ Not Applicable

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

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

ALSARWEEL, NAJEEB  
8392 DENISE DRIVE EAST  
SEMINOLE FL 33777

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

Name  
E-Fashion's

Street Address (P.O. Box Number is Not Acceptable)  
7200 US Hwy 19 N # 352

City  
Pinellas Park

FL

Zip Code  
33781

**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** NAJEEB ALSARWEEL (P)

Signature, typed or printed name of registered agent and date if applicable.

02-21-03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALSARWEEL, NAJEEB 8392 DENISE DRIVE EAST SEMINOLE FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 20513 ST. Petersburg, FL 33742
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** NAJEEB ALSARWEEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-03 727-688-4818

Date Daytime Phone #

CR2E034 (10/02)