

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90019 047 ***150.00

0009672 AT

DOCUMENT # P01000114563

1. Entity Name

NISK, INC.

Principal Place of Business

**237 JACARANDA DRIVE
 PLANTATION FL 33324**

Mailing Address

**237 JACARANDA DRIVE
 PLANTATION FL 33324**

506154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10097 Cleary Blvd. #341
 Suite, Apt. #, etc.
 #341**

3. Mailing Address

**10097 Cleary Blvd.
 Suite, Apt. #, etc.
 #341**

City & State

Plantation, Florida

Zip

33324

Country

USA

City & State

Plantation, Florida

Zip

33324

Country

USA

4. FEI Number

65-1157454

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BREIER, ELIZABETH

1110 BRICKELL AVENUE 7TH FLOOR

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Allan Niskar**

Street Address (P.O. Box Number is Not Acceptable)

Suite 280

900 N. Federal Highway

City

Boca Raton

FL

Zip Code

33432

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

Allan Niskar

2-12-02

(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 **PS** ☐ Delete
 NAME **NISKAR, ALLAN**
 STREET ADDRESS **237 JACARANDA DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VT** ☐ Delete
 NAME **NISKAR, REGINA**
 STREET ADDRESS **237 JACARANDA DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

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

TITLE ☐ Change ☐ Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

954-473-9678

Daytime Phone #

CR2E034 (9/01)