FILED
Feb 28, 2003 8:00 am
Secretary of State
02-19-2003 90018 007 ***158.75

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55012407

DOCUMENT # P02000016843

1. Entity Name
Nicolas Enterprise, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6354 Crestmont Glen Ln.	6354 Crestmont Glen Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere, Florida	City & State: Windermere, Florida
Zip: 34786 Country: U.S.A.	Zip: 34786 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0616222 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANCESCO ARATO

Street Address (P.O. Box Number is Not Acceptable): 1172 East Vine Street

City: Kissimmee FL Zip Code: 34744

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: _____ DATE: Feb 25/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

~~Jan. 1 - May 1 Fee is $150.00~~
~~After May 1 Fee is $550.00~~
~~Amended UBR is $61.25~~
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

TITLE	
NAME	Irene Sica, P/S/T
STREET ADDRESS	6354 Crestmont Glen Ln.
CITY-ST-ZIP	Windermere, Florida 34786
TITLE	
NAME	Sadia Aquinin, D
STREET ADDRESS	6354 Windermere Glen Ln.
CITY-ST-ZIP	Windermere, Florida 34786
TITLE	
NAME	Mauricio Ferrara, D
STREET ADDRESS	6354 Crestmont Glen Ln.
CITY-ST-ZIP	Windermere, Florida 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Irene Sica 2/17/03 407-797-3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #