

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-24-2003 90206 027 ***150.00

DOCUMENT # P02000020695

1. Entity Name
NIK & SITA, INC.



Principal Place of Business
**111 NORTHEAST 2ND AVENUE
SPACE D
MIAMI FL 33132**

Mailing Address
**52 NORTHEAST 51ST STREET
MIAMI FL 33137**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **010618872** ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **LINELEYAN, NIKOLAAS B**
STREET ADDRESS **111 NORTHEAST 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **STD** ☐ Delete
NAME **MELANINGSIH, SITA**
STREET ADDRESS **111 NORTHEAST 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **NIKOLAAS B LINELEYAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2003 305 388 5751

Date

Daytime Phone #

CR2E034 (10/02)