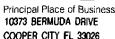
04-02-2003 90099 044 \*\*\*150.00

2003	FOR	PROFIT (	CORPORAT	LION
UNIFOR	RM B	USINESS	REPORT (	(UBR)

P02000044575

**DOCUMENT #** 

1. Entity Name NIKSAM, INC.



Mailing Address

10373 BERML COOPER CITY		10373 BERMUDA D COOPER CITY FL S		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	
COHEN, I	RA E		Street	Address (P.O. Box Number is Not Acceptable)
10373 BE	RMUDA DRIVE		Olicer	
COOPER	CITY FL 33026			
			City	FL Zip Code
8. The above	named entity submits this statement f	for the purpose of chang	ing its registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.		. g g	•
·				, <del>-</del>
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered Agent sign	ature required when reinstating) DATE
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	,		9. Election Campaign Financing \$5.00 May Be
	Payable to Florida Department			Trust Fund Contribution. Added to Fees
2.	`		44	ADDITIONALA INDESCRIPTION AND PROPERTIES AND PROPER
.10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P Cohen, Ira e	☐ Delete		☐ Change ☐ Addition
NAME STREET ADDRESS	10373 BERMUDA DRIVE		NAME STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	
	<del></del>			
TITLE	V THERECA	☐ Delete		Change Addition
NAME STREET ADDRESS	COHEN, THERESA _10373_BERMUDA-DRIVE =	-	NAME STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	
	0007 E11 0111 1 E 00020			□ 0 □ Addition
TITLE NAME	}	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete		☐ Change ☐ Addition
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STREET ADDRESS	,		STREET ADDRESS	
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NAME		C Delete	NAME	_ Onlings Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	j
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	

12. I hereby certify that the information supplied with this filling 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 tike empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP