

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90737 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000072049

1. Entity Name
NIKDAN CORPORATION



Principal Place of Business
320 188 STREET
SUNNY ISLES, FL 33160

Mailing Address
320 188 STREET
SUNNY ISLES, FL 33160

2. Principal Place of Business
18001 Collins AVE
Suite, Apt. #, etc.
Apt. 2308

3. Mailing Address
77 PATH LANE ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SUNNY ISLES BEACH, FL
Zip
33160

City & State
RICHMOND HILL ON
Zip
L4B 4C7 Country
CANADA

4. FEI Number
52-2380915 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, IRA R
16375 NE 18 AVE STE 225
N MIAMI BEACH, FL 33162

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's signature required when resigning)

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 **D KOVALENKO, OLGA** ☐ Delete
STREET ADDRESS **320 188 STREET**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE
NAME **18001 Collins AVE # 2308** ☒ Change ☐ Addition
STREET ADDRESS **Sunny Isles Beach, FL 33160**
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)