

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 91457 044 \*\*\*150.00

**DOCUMENT # P02000082023**

1. Entity Name  
**NICE STUFF DISTRIBUTING INTL, INC.**



Principal Place of Business <b>900 E. ATLANTIC BLVD.</b> <b>SUITE 17</b> <b>POMPANO BEACH FL 33060</b> <b>4097 N. 28th Way</b>	Mailing Address <b>900 E. ATLANTIC BLVD.</b> <b>SUITE 17</b> <b>POMPANO BEACH FL 33060</b> <b>4097 N. 28th Way</b>
2. Principal Place of Business <b>3920 N. 29TH AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>3920 N. 29TH AVE</b> Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State <b>HOLLYWOOD FL</b>	City & State <b>HOLLYWOOD FL</b>	4. FEI Number <b>11-3650135</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33020</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>STUPARITZ, ALAN D</b> <b>900 E. ATLANTIC BLVD.</b> <b>SUITE 17</b> <b>POMPANO BEACH FL 33060</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) 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 STREET ADDRESS CITY-ST-ZIP	<b>PD SAVUSKAN, MICHAEL</b> <b>900 E. ATLANTIC BLVD. #17</b> <b>POMPANO BEACH FL 33060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SURENYAN, ARKADY</b> <b>900 E. ATLANTIC BLVD. #17</b> <b>POMPANO BEACH FL 33060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ARKADY SURENYAN** **5-1-03** **854-783-5070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)