

Ref# P02000099004

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
Jun 23, 2003 8:00 am
Secretary of State

05-09-2003 90145 004 ***150.00

DOCUMENT # P02000099004**1. Entity Name**
NIKKI'S ALL INCLUSIVE ENTERPRISE INC.**Principal Place of Business**
10281 SW 9TH LANE
PEMBROKE PINES FL 33025**Mailing Address**
10281 SW 9TH LANE
PEMBROKE PINES FL 33025**55049531****2. Principal Place of Business**
1336 Camellia Cir
Suite, Apt. #, etc.**3. Mailing Address**
1336 Camellia Cir
Suite, Apt. #, etc.**City & State**
Weston, FL**City & State**
Weston, FL**4. FEI Number**
54-208-4294**Applied For**
☐ Not Applicable**Zip**
33326**Country**
U.S.A.**Zip**
33326**Country**
U.S.A.**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****MURPH, NICHOLE S**
10281 SW 9TH LANE
PEMBROKE PINES FL 33025**Name**
NICHOLE MURPH
Street Address (P.O. Box Number is Not Acceptable)

1336 Camellia Cir

City
Weston**FL****Zip Code**
33326**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/instating)

DATE

4-26-03

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**
D
NAME
MURPH, NICHOLE S
STREET ADDRESS
10281 SW 9TH LANE
CITY-ST-ZIP
PEMBROKE PINES FL 33025 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 REQUIRED**

4-26-03

(954) 275-1462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)